

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 28, 2005 8:00 am
Secretary of State

07-28-2005 90003 015 ****61.25

DOCUMENT # N04000004125 1. Entity Name ALPHA PEARL FOUNDATION, INC.																																																																																																																																																																																					
Principal Place of Business 1565 AUGUSTA CIRCLE #102 DELRAY BEACH, FL 33445			Mailing Address 1565 AUGUSTA CIRCLE #102 DELRAY BEACH, FL 33445																																																																																																																																																																																		
2. Principal Place of Business 1227 Hampton Blvd Suite, Apt. #, etc.		3. Mailing Address P.O. Box 244463 Suite, Apt. #, etc.																																																																																																																																																																																			
City & State North Lauderdale, FL Zip 33068		City & State Boynton Beach, FL Zip 33424		4. FEI Number 45-0532679 Applied For <input type="checkbox"/> Not Applicable																																																																																																																																																																																	
Country Broward		Country Palm Beach		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																																																																																																																																																																																	
6. Name and Address of Current Registered Agent CARTER, MONA 2901 CLINT MOORE ROAD #254 BOCA RATON, FL 33496				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>																																																																																																																																																																																	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.																																																																																																																																																																																					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE</small>																																																																																																																																																																																					
Filing Fee is \$61.25 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution, <input type="checkbox"/>		\$5.00 May Be Added to Fees																																																																																																																																																																																	
Make check payable to Florida Department of State																																																																																																																																																																																					
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.																																																																																																																																																																																					
SIGNATURE: <u><i>Sonja Jones</i></u> Sonja Jones <u>7/25/05</u> <u>914-383-0320</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																																																																																																																																																																																					

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07182005 Chg-NP CR2E037 (10/03)