

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000005024

FILED  
Jan 23, 2007  
Secretary of State

Entity Name: BARONY OF FULWOOD FOUNDATION, INC.

**Current Principal Place of Business:**

1955 NE 208 TERRACE  
MIAMI, FL 33179

**New Principal Place of Business:**

1955 NE 208 TER  
MIAMI, FL 33179

**Current Mailing Address:**

1955 NE 208 TERRACE  
MIAMI, FL 33179

**New Mailing Address:**

6583 BERRYHILL ROAD  
MIAMI, FL 33179

FEI Number: 20-1146663

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

DAZILE, SERGE  
5460 N STATE RD 7  
STE 108  
TAMARAC, FL 33309 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: BARON OF FULWOOD,  
Address: PO BOX 4066  
City-St-Zip: HALLANDALE, FL 33008

Title: VST ( ) Delete  
Name: BARONESS OF FULWOOD,  
Address: PO BOX 4066  
City-St-Zip: MIAMI, FL 33008

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BARON OF FULWOOD

PRES

01/23/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date