

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000005541

FILED
Apr 05, 2005
Secretary of State

Entity Name: THE ALEXANDER HAIME FOUNDATION, INC.

Current Principal Place of Business:

12955 BISCAYNE BLVD STE 304
MIAMI, FL 33181

New Principal Place of Business:

Current Mailing Address:

12955 BISCAYNE BLVD STE 304
MIAMI, FL 33181

New Mailing Address:

FEI Number: 04-3794603

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TSIMOGIANNIS, JOHNNY
999 PONCE DE LEON BLVD STE 601
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

TSIMOGIANNIS, LILY
8362 PINES BLVD.
390
PEMBROKE PINES, FL 33024 US

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: LILY TSIMOGIANNIS

04/05/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DPS () Delete
Name: HAIME, YONA
Address: 12955 BISCAYNE BLVD STE 304
City-St-Zip: MIAMI, FL 33181

Title: DVT () Delete
Name: TSIMOGIANNIS, LILY
Address: 999 PONCE DE LEON BLVD STE 601
City-St-Zip: CORAL GABLES, FL 33134

Title: D () Delete
Name: PERLMAN NNIS, ALBERTO
Address: 123 MAIN STREET
City-St-Zip: MIAMI, FL 33125

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPS (X) Change () Addition
Name: HAIME, YONA
Address: 12955 BISCAYNE BLVD STE 314
City-St-Zip: MIAMI, FL 33181

Title: DVT (X) Change () Addition
Name: TSIMOGIANNIS, LILY
Address: 6362 PINES BLVD.
City-St-Zip: PEMBROKE PINES, FL 33024

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 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 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: LILY TSIMOGIANNIS

DVT

04/05/2005

Electronic Signature of Signing Officer or Director

Date