

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000007499

FILED
Apr 26, 2005
Secretary of State

Entity Name: PA BLIYE'M FOUNDATION, INC.

Current Principal Place of Business:

7115 NW 179 STREET
302
HIALEAH, FL 33015

New Principal Place of Business:

P.O. BOX 681476
MIAMI, FL 33168

Current Mailing Address:

7115 NW 179 STREET
302
HIALEAH, FL 33015

New Mailing Address:

P.O. BOX 681476
MIAMI, FL 33168

FEI Number: 20-1434785

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILLIAMS, CHIMENE P
7115 NW 179 STREET
302
HIALEAH, FL 33015 US

Name and Address of New Registered Agent:

WILLIAMS, CHIMENE P
7055 NW 179 STREET #201
302
HIALEAH, FL 33015 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:

04/26/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: WILLIAMS, CHIMENE
Address: 7115 NW 179 STREET #302
City-St-Zip: HIALEAH, FL 33015

Title: VP () Delete
Name: LOUIS, JEAN
Address: 1567 NW 160 STREET
City-St-Zip: NORTH MIAMI BEACH, FL 33162

Title: PR () Delete
Name: WILLIAMS, SIMON
Address: 4422 NW 99TH WAY
City-St-Zip: SUNRISE, FL 33351

Title: S () Delete
Name: DESSOURCES, SABINE
Address: 365 NW 129 STREET
City-St-Zip: MIAMI, FL 33168

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: WILLIAMS, CHIMENE
Address: 7055 NW 179 STREET @201
City-St-Zip: HIALEAH, FL 33015

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

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 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: CHIMENE WILLIAMS

P

04/26/2005

Electronic Signature of Signing Officer or Director

Date