

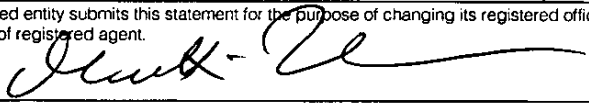



# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90480 035 \*\*\*\*65.00

<b>DOCUMENT # N04000007822</b> 1. Entity Name <b>N &amp; M FOUNDATION, INC.</b>					
Principal Place of Business <b>245 SE 1ST ST., STE. 311 MIAMI, FL 33131</b>			Mailing Address <b>245 SE 1ST ST., STE. 311 MIAMI, FL 33131</b>		
2. Principal Place of Business <b>5650 NW 79 AVE</b> Suite, Apt. #, etc.		3. Mailing Address <b>5650 NW 79 AVE</b> Suite, Apt. #, etc.			
City & State <b>MIAMI, FL</b> Zip <b>33166</b>		City & State <b>MIAMI FL</b> Zip <b>33166</b>		4. FEI Number <b>20-1469921</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				03292005 Chg-NP CR2E037 (10/03)	
6. Name and Address of Current Registered Agent <b>KALKAS, MARTTI 245 SE 1ST ST., STE. 311 MIAMI, FL 33131</b>			7. Name and Address of New Registered Agent Name <b>KALKAS MARTTI</b> Street Address (P.O. Box Number is Not Acceptable) <b>245 SE 1ST ST.</b> <b>SUITE 285</b> City <b>MIAMI</b> <b>FL</b> Zip Code <b>33131</b>		
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 					
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P GOMEZ, NELSON M 4300 NW 79 AVE. MIAMI, FL 33166</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D ARRINGTON, SANDRA 941 NE 82ND ST. MIAMI, FL 33138</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D FINCIC, CHRISTIAN 2401 NW 26TH ST. MIAMI, FL 33142</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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.					
<b>SIGNATURE:</b> 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date Daytime Phone #					