

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000011746

FILED
May 02, 2005
Secretary of State

Entity Name: ANTI-COCAINE FOUNDATION, INC.

Current Principal Place of Business:

2440 FLAMINGO DRIVE
1
MIAMI BEACH, FL 33139

New Principal Place of Business:

PO BOX 14.4415
CORAL GABLES, FL 33114

Current Mailing Address:

2440 FLAMINGO DRIVE
1
MIAMI BEACH, FL 33139

New Mailing Address:

PO BOX 14.4415
CORAL GABLES, FL 33114

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

SWANES, KIRT
2440 FLAMINGO DRIVE
1
MIAMI BEACH, FL 33139 US

Name and Address of New Registered Agent:

SWANES, KIRT
PO BOX 14.4415
CORAL GABLES, FL 33114 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: KIRT SWANES

05/02/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SWANES, KIRT
Address: 2440 FLAMINGO DRIVE APT 1
City-St-Zip: MIAMI BEACH, FL 33139

Title: VP () Delete
Name: BLUME, EVA I
Address: 2440 FLAMINGO DRIVE APT 1
City-St-Zip: MIAMI BEACH, FL 33139

Title: SEC () Delete
Name: SWANES, ROSINA
Address: 2440 FLAMINGO DRIVE APT 1
City-St-Zip: MIAMI BEACH, FL 33139

Title: TREA () Delete
Name: BLUME, EVA I
Address: 2440 FLAMINGO DRIVE APT 1
City-St-Zip: MIAMI BEACH, FL 33139

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: SWANES, KIRT
Address: PO BOX 14.4415
City-St-Zip: CORAL GABLES, FL 33114

Title: VP (X) Change () Addition
Name: BLUME, EVA I
Address: PO BOX 14.4415
City-St-Zip: CORAL GABLES, FL 33114

Title: SEC (X) Change () Addition
Name: SWANES, ROSINA
Address: PO BOX 14.4415
City-St-Zip: CORAL GABLES, FL 33114

Title: TREA (X) Change () Addition
Name: BLUME, EVA I
Address: PO BOX 14.4415
City-St-Zip: CORAL GABLES, FL 33114

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: EVA BLUME

VP

05/02/2005

Electronic Signature of Signing Officer or Director

Date