

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000011746

FILED
Apr 28, 2006
Secretary of State

Entity Name: ANTI-COCAINE FOUNDATION, INC.

Current Principal Place of Business:

PO BOX 14.4415
CORAL GABLES, FL 33114

New Principal Place of Business:

Current Mailing Address:

PO BOX 14.4415
CORAL GABLES, FL 33114

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SWANES, KIRT
PO BOX 14.4415
CORAL GABLES, FL 33114 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: SWANES, KIRT
Address: PO BOX 14.4415
City-St-Zip: CORAL GABLES, FL 33114

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: TREA (X) Change () Addition
Name: CHAPARRO, 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 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: KIRT SWANES

PS

04/28/2006

Electronic Signature of Signing Officer or Director

Date