

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 23, 2007 08:00 A
Secretary of State

DOCUMENT # N04000011746 1. Entity Name ANTI-COCAINE FOUNDATION, INC.	
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Principal Place of Business PO BOX 14.4415 CORAL GABLES, FL 33114	Mailing Address PO BOX 14.4415 CORAL GABLES, FL 33114
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05102007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SWANES, KIRT
 PO BOX 14.4415
 CORAL GABLES, FL 33114

DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

Filing Fee Is \$61.25
Due by September 14, 2007

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SWANES, KIRT PO BOX 14.4415 CORAL GABLES, FL 33114
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CHAPARRO, EVA I PO BOX 14.4415 CORAL GABLES, FL 33114
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC SWANES, ROSINA PO BOX 14.4415 CORAL GABLES, FL 33114
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREA CHAPARRO, EVA I PO BOX 14.4415 CORAL GABLES, FL 33114
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 05/31/07-80035-001 61.25

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.

SIGNATURE: 

5/1/07 786-587-0897

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #