

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000011873

FILED
Mar 15, 2006
Secretary of State

Entity Name: M.E.M.R.A. INTERNATIONAL FOUNDATION & TRAINING CENTER, INC.

Current Principal Place of Business:

79 NW 54TH ST
MIAMI, FL 33127

New Principal Place of Business:

Current Mailing Address:

79 NW 54TH ST
MIAMI, FL 33127

New Mailing Address:

FEI Number: 20-2059042 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

HILLMAN, PILBERT
6289 W SUNRISE BLVD
STE 250
SUNRISE, FL 33313 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: PD () Delete
Name: PRUDENT, NAOMIE ESTHER
Address: 13428 SW 31ST ST
City-St-Zip: MIRAMAR, FL 33027

Title: VPD () Delete
Name: LUXAMA, JEAN ROMANES
Address: 1951 NE 167TH ST
City-St-Zip: N MIAMI BEACH, FL 33162

Title: AD () Delete
Name: BATRONY, SARADJINE
Address: 1838 FUSTON ST
City-St-Zip: HOLLYWOOD, FL 33020

Title: SD () Delete
Name: MILLIANCE DAVILMAR, ROSE S
Address: 785 SUNFLOWER CIR
City-St-Zip: WESTON, FL 33327

Title: TD () Delete
Name: PRUDENT, WILNER
Address: 13428 SW 31ST ST
City-St-Zip: MIRAMAR, FL 33027

Title: AD () Delete
Name: JACQUES, NESLY
Address: 6119 SW 18 ST
City-St-Zip: MIRAMAR, FL 33023

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: AD (X) Change () Addition
Name: BATRONY, SARADJINE
Address: 651 NW 73 TERR
City-St-Zip: HOLLYWOOD, FL 33024

Title: SD (X) Change () Addition
Name: MILLIANCE DAVILMAR, ROSE S
Address: 2133 RENAISSANCE BLVD #304
City-St-Zip: MIRAMAR, FL 33025

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

Title: AD (X) Change () Addition
Name: JACQUES, NESLY
Address: 1211 SW MINYO AVENUE
City-St-Zip: PORT ST LUCIE, FL 34953

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: JEANROMANES LUXAMA

Electronic Signature of Signing Officer or Director

VPD

03/15/2006

Date