

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 08, 2006 8:00 am
Secretary of State

05-08-2006 90296 007 ****61.25

DOCUMENT # N05000002070 1. Entity Name JUSTIN M. DART FOUNDATION, INC.					
Principal Place of Business 8020 SW 57TH AVE S MIAMI, FL 33143		Mailing Address 8020 SW 57TH AVE S MIAMI, FL 33143			
2. Principal Place of Business 1649 Bay Drive Suite, Apt. #, etc.		3. Mailing Address 1649 Bay Drive Suite, Apt. #, etc.			
City & State Miami Beach, FL Zip 33141		City & State Miami Beach, FL Zip 33141		4. FEI Number 20-2433829 Applied For <input type="checkbox"/> Not Applicable	
Country USA		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DART, JUSTIN M 8020 SW 57TH AVE S MIAMI, FL 33143				7. Name and Address of New Registered Agent Name Alexis Dart Street Address (P.O. Box Number is Not Acceptable) 1649 Bay Drive City Miami Beach FL Zip Code 33141	
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 <input checked="" type="checkbox"/> <i>Alexis Dart</i> 4/28/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	President/CEO/Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Justin M. Dart 1649 Bay Drive Miami Beach, FL 33141	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <input checked="" type="checkbox"/> <i>Justin Dart</i> JUSTIN DART			04.25.06		517.351.1158
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date</small>		<small>Daytime Phone #</small>

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