


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2006 8:00 am
Secretary of State

03-21-2006 90030 048 ****70.00

DOCUMENT # N05000003211					
1. Entity Name EDUCATION FOR LONGEVITY FOUNDATION U.S.A., INC.					
Principal Place of Business 2071 SW 52ND WAY PLANTATION, FL 33317			Mailing Address 2071 SW 52ND WAY PLANTATION, FL 33317		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 43-2100631	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
ARMAND, MARGARET MITCHELL 2071 SW 52ND WAY PLANTATION, FL 33317			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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: <i>N/A</i> (NOTE: Registered Agent signature required when reinstating) DATE:					
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	D ARMAND, MARGARET M 2071 SW 52ND WAY PLANTATION, FL 33317 <input type="checkbox"/> Delete <i>correction</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ARMAND, MARGARET MITCHELL <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2071 S.W. 52 Way PLANTATION, FLORIDA 33317		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BELLO, BAYYINAH 932 NE 146 STREET MIAMI, FL 33161 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DENIS, MARCEL, Esq. LL.M. <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 20036 EAST OAKMONT DRIVE MIAMI, FLORIDA 33015		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEGROS, JOSEPHINE E 2250 WESTON WESTON, FL 33326 <input type="checkbox"/> Delete <i>correction</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEGROS, JOSEPHINE ELIZÉE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2250 ATLANTA WESTON, FLORIDA 33326		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SOUZE, HENRY CLAUDE 1881 W OAKLAND PK BLVD FT LAUDERDALE, FL 33311 <input type="checkbox"/> Delete <i>correction</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DOUZE, HENRY-CLAUDE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1881 W. Oakland Park BLVD. FT-LAUDERDALE, FL 33311		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ARMAND, ALAIN ESQ 3321 FARRAGUT ST 7G HOLLYWOOD, FL 33021 <input type="checkbox"/> Delete <i>SAME</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ARMAND, ALAIN, Esq <input type="checkbox"/> Change <input type="checkbox"/> Addition 3321 FARRAGUT Street 7G HOLLYWOOD, FLORIDA 33021		
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: <i>Margaret Mitchell Armand</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		3-16-06 Date Daytime Phone #			