


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

9/7/2006-90015-036-\$61.25-\$61.25

FILED

06 OCT -4 PM 1:02

DOCUMENT # N05000007652 1. Entity Name CHERFILS PHILLIPS, INTERNATIONAL, FOUNDATION INC					
Principal Place of Business 1100 SUNSET STRIP SUNRISE, FL 33313			Mailing Address P.O. BOX 370866 MIAMI, FL 33137		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		4. FEI Number 42-1677667	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
PHILLIPS, EURENA 1100 SUNSET STRIP, STE. 2 SUNRISE, FL 33313			Name Street Address (P.O. Box Number is Not Acceptable) City		
			State 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by September 6, 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	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JOHNSON, WILLIE		NAME		
STREET ADDRESS	4900 W. HALLANDALE BEACH BLVD.		STREET ADDRESS		
CITY- ST- ZIP	PEMBROKE PARK, FL 33023		CITY- ST- ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RICHITELLA, SCOTT		NAME		
STREET ADDRESS	4229 W. HALLANDALE BEACH BLVD.		STREET ADDRESS		
CITY- ST- ZIP	PEMBROKE PARK, FL 33023		CITY- ST- ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PHILLIPS, EURENA		NAME		
STREET ADDRESS	1100 SUNSET STRIP		STREET ADDRESS		
CITY- ST- ZIP	SUNRISE, FL 33313		CITY- ST- ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
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>Eurena Phillips</i>			08-31-06 3059516461		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		