

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000008627

FILED
Apr 16, 2007
Secretary of State

Entity Name: MORIKAMI PARK IB FOUNDATION, INC.

Current Principal Place of Business:

6201 MORIKAMI PARK RD.
DELRAY BEACH, FL 33484

New Principal Place of Business:

Current Mailing Address:

6201 MORIKAMI PARK RD.
DELRAY BEACH, FL 33484

New Mailing Address:

FEI Number: 20-3825796

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DAMSKY, GERALD
621 NW 53RD ST.
SUITE 365
BOCA RATON, FL 33487 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: D () Delete
Name: DAMSKY, GERALD
Address: 621 NW 53RD ST., SUITE 365
City-St-Zip: BOCA RATON, FL 33487

Title: D () Delete
Name: FRONSTIN, GUY
Address: 2201 NW CORPORATE BLVD, SUITE 108
City-St-Zip: BOCA RATON, FL 33431

Title: D () Delete
Name: COMBS, MARTHA
Address: 334 SW 11TH AVE.
City-St-Zip: BOYNTON BEACH, FL 33435

Title: D () Delete
Name: SHULMAN, STEVEN
Address: 6201 MORIKAMI PARK RD
City-St-Zip: DELRAY BEACH, FL 33484

Title: D () Delete
Name: ANDREWS, CHRIS
Address: 6201 MORKIKAMI PARK ROAD
City-St-Zip: DELRAY BEACH, FL 33484

Title: D () Delete
Name: DEAL, DARSHAN
Address: 6201 MORIKAMI PARK RD
City-St-Zip: DELRAY BEACH, FL 33484

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

Title: D (X) Change () Addition
Name: MALDONADO, JOSE
Address: 6201 MORIKAMI PARK RD
City-St-Zip: DELRAY BEACH, FL 33484

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: STEVEN H SHULMAN

P/D

04/16/2007

Electronic Signature of Signing Officer or Director

Date