

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 16, 2008 8:00 am
Secretary of State

04-16-2008 90040 014 ****61.25

DOCUMENT # N05000009785

1. Entity Name
HURRICANE KATRINA ANGEL RELIEF FUND, INC.



Principal Place of Business
121 ALHAMBRA PLAZA
PENTHOUSE 1, SUITE 1600
CORAL GABLES, FL 33134

Mailing Address
121 ALHAMBRA PLAZA
PENTHOUSE 1, SUITE 1600
CORAL GABLES, FL 33134



01142008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required -

6. Name and Address of Current Registered Agent

RENTZ, R. LARRY
121 ALHAMBRA PLAZA
PENTHOUSE 1, SUITE 1600
CORAL GABLES, FL 33134

**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME MORRIS, W. ALLEN
STREET ADDRESS 121 ALHAMBRA PLAZA, SUITE 1600 PENTHOUSE
CITY-ST-ZIP CORAL GABLES, FL 33134

TITLE D
NAME GRAHAM, DALE I
STREET ADDRESS 121 ALHAMBRA PLAZA, SUITE 1600 PENTHOUSE
CITY-ST-ZIP CORAL GABLES, FL 33134

TITLE D
NAME TCHIVIDJIAN, STEPHEN
STREET ADDRESS 5120 NORTH FEDERAL HIGHWAY
CITY-ST-ZIP FT. LAUDERDALE, FL 33308

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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: Dale I Graham Dale I. Graham 148-08 305-443-1000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
Director