

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Feb 16, 2006
Secretary of State**

DOCUMENT# N05000012657

Entity Name: THE APOSTLES FOUNDATION, INC.

Current Principal Place of Business:

8340 SW 83RD ST
MIAMI, FL 33143

New Principal Place of Business:

Current Mailing Address:

8340 SW 83RD ST
MIAMI, FL 33143

New Mailing Address:

FEI Number: 20-4107193 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FIGUEROA, CARLOS
8340 SW 83RD ST
MIAMI, FL 33143 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: DP () Delete
Name: FIGUEROA, CARLOS
Address: 8340 SW 83RD ST
City-St-Zip: MIAMI, FL 33143

Title: DS () Delete
Name: ORTEGA, LUIS A
Address: 240 WESTWOOD DR
City-St-Zip: KEY BISCANE, FL 33149

Title: D () Delete
Name: FORERO, HERNANDO
Address: 808 BRICKELL KEY DR APT 1804
City-St-Zip: MIAMI, FL 33131

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:

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: CARLOS FIGUEROA

DIR

02/16/2006

Electronic Signature of Signing Officer or Director

_____ Date