

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000001361

FILED
May 02, 2007
Secretary of State

Entity Name: AIMABLE THEODORE FOUNDATION, INC.

Current Principal Place of Business:

719 NE 86TH STREET #3
MIAMI, FL 33138

New Principal Place of Business:

Current Mailing Address:

719 NE 86TH STREET #3
MIAMI, FL 33138

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

KERR, BRYAN S
9924 SW 156 CT
MIAMI, FL 33196 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: BELIZAIRE, SUZANNE
Address: 719 NE 86TH STREET #3
City-St-Zip: MIAMI, FL 33138

Title: D () Delete
Name: WILLIAMS, NIKIA
Address: 719 NE 86TH STREET #3
City-St-Zip: MIAMI, FL 33138

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change () Addition
Name: WILLIAMS, NIKIA
Address: P.O. BOX 530334
City-St-Zip: MIAMI, FL 33153

I hereby certify that the information supplied with this filing does not qualify 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: SUZANE THEODORE- BELIZAIRE

PRES

05/02/2007

Electronic Signature of Signing Officer or Director

Date