

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000003106

FILED  
Apr 14, 2007  
Secretary of State

Entity Name: DIOMEDE D. THEODORE FOUNDATION, INC.

**Current Principal Place of Business:**

305 NE 2ND DRIVE  
HOESTEAD, FL 33090

**New Principal Place of Business:**

305 NE 2ND DRIVE  
HOMESTEAD, FL 33030

**Current Mailing Address:**

305 NE 2ND DRIVE  
HOESTEAD, FL 33090

**New Mailing Address:**

305 NE 2ND DRIVE  
HOMESTEAD, FL 33030

FEI Number: 20-4682227

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

AB CONSULTING & ACCOUNTING SERVICES INC  
160 NW 176 ST  
203  
MIAMI, FL 33169 US

**Name and Address of New Registered Agent:**

AB CONSULTING & ACCOUNTING SERVICES INC  
1428 NE 163RD ST  
MIAMI, FL 33162 US

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: ANIS BLEMUR

04/14/2007

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: PAULIN, MAUDE  
Address: 19705 SW 87 PL  
City-St-Zip: MIAMI, FL 33157

Title: D ( ) Delete  
Name: NOLASCO, JUSSILA  
Address: 2230 SE 27 DR  
City-St-Zip: HOMESTEAD, FL 33035

Title: D ( ) Delete  
Name: PAULIN, ERIC  
Address: 19705 SW 87 PL  
City-St-Zip: MIAMI, FL 33157

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

Title: D (X) Change ( ) Addition  
Name: PAULIN, ERICA M  
Address: 19705 SW 87 PL  
City-St-Zip: MIAMI, FL 33157

Title: D ( ) Change (X) Addition  
Name: PIERRE-LOUIS, EDRIS  
Address: 4002 REINALD RD  
City-St-Zip: HUSTON, TX 77014

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: MAUDE PAULIN

D

04/14/2007

Electronic Signature of Signing Officer or Director

Date