2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 09, 2008
Secretary of State

DOCUMENT# N06000009906

Entity Name: NUCHIM FOUNDATION CORP.

Current Principal Place of Business:

18001 OLD CUTLER RD., SUITE 450
VILLAGE OF PALMETTO BAY, FL 33157

New Principal Place of Business:

Current Mailing Address:

18001 OLD CUTLER RD., SUITE 450
VILLAGE OF PALMETTO BAY, FL 33157

New Mailing Address:

FEI Number: 51-0615943 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
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:

RAPAPORT, CARLOS
18001 OLD CUTLER RD., SUITE 450
VILLAGE OF PALMETTO BAY, FL 33157 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:	PRES	( ) Delete
Name:	RAPAPORT, CARLOS	
Address:	18001 OLD CUTLER RD. SUITE 450	
City-St-Zip:	PALMETTO BAY, FL 33157	
Title:	DIR	( ) Delete
Name:	RAPAPORT, GUILLERMO	
Address:	18001 OLD CUTLER RD. SUITE 450	
City-St-Zip:	PALMETTO BAY, FL 33157	
Title:	DIR	( ) Delete
Name:	RAPAPORT, HENRY	
Address:	18001 OLD CUTLER RD. SUITE 450	
City-St-Zip:	PALMETTO BAY, FL 33157	
Title:	DIR	( ) Delete
Name:	RAPAPORT, RICHARD	
Address:	18001 OLD CUTLER RD. SUITE 450	
City-St-Zip:	PALMETTO BAY, FL 33157	
Title:	DIR	( ) Delete
Name:	RAPAPORT, ROBERT	
Address:	18001 OLD CUTLER RD. SUITE 450	
City-St-Zip:	PALMETTO BAY, FL 33157	
Title:	VP	( ) Delete
Name:	REBELO, JOSE C	
Address:	18001 OLD CUTLER RD. SUITE 450	
City-St-Zip:	PALMETTO BAY, FL 33157	

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

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: HENRY RAPAPORT DIR 05/09/2008

Electronic Signature of Signing Officer or Director — Date