

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000010072

FILED  
Apr 29, 2007  
Secretary of State

Entity Name: FLAIRS FOUNDATION, INC.

**Current Principal Place of Business:**

2280 SOUTHWEST 71ST TERRACE  
DAVIE, FL 33317

**New Principal Place of Business:**

**Current Mailing Address:**

2280 SOUTHWEST 71ST TERRACE  
DAVIE, FL 33317

**New Mailing Address:**

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI, FL 33145 US

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

WALTERS, SIBYLLE OFFICER  
2280 SW 71ST. TERRACE  
DAVIE, FL 33314 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: SIBYLLE WALTERS

04/29/2007

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: WALTERS, SIBYLLE  
Address: 2280 SOUTHWEST 71ST TERRACE  
City-St-Zip: DAVIE, FL 33317

Title: VD ( ) Delete  
Name: JACKSON, WENDY  
Address: 2280 SOUTHWEST 71ST TERRACE  
City-St-Zip: DAVIE, FL 33317

Title: STD ( ) Delete  
Name: WALTERS, RANDY M  
Address: 2280 SOUTHWEST 71ST TERRACE  
City-St-Zip: DAVIE, FL 33317

**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 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: SIBYLLE WALTERS

OFFI

04/29/2007

Electronic Signature of Signing Officer or Director

Date