## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N07000000766

Entity Name: THE PHILIP FOUNDATION CORP.

FILED Apr 24, 2008 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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4015 SPRUCE AVE 3500 BROADWAY BLVD.

WEST PALM BEACH, FL 33407 WEST PALM BEACH, FL 33415

Current Mailing Address: New Mailing Address:

457 GAZETTA WAY

WEST PALM BEACH, FL 33413

FEI Number: 11-3810976 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

BARRAZA, ESNEIDA
4015 SPRUCE AVE
BARRAZA, ESNEIDA
3500 BROADWAY BLVD

WEST PALM BEACH, FL 33407 US WEST PALM BEACH, FL 33407 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: 04/24/2008

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 BARRAZA, ESNEIDA
 Name:

 Address:
 457 GAZETTA WAY
 Address:

 City-St-Zip:
 WEST PALM BEAH, FL 33413
 City-St-Zip:

Title: V ( ) Delete Title: AP (X) Change ( ) Addition

Name: RAMIREZ, BLAS Name: ENRIQUEZ, MARILYN

Address: 214 Address: 4734 LAKESIDE CIR.

City-St-Zip: ROYAL PALM BEACH, FL 33411 City-St-Zip: WEST PALM BEACH, FL 33417

Title: T ( ) Delete Title: T (X) Change ( ) Addition

Name:BARRAZA, LUISName:CHUMIL, PEDROAddress:547 GAZETTA WAYAddress:720 47 ST. APT. #4

City-St-Zip: WEST PALM BEAH, FL 33413 City-St-Zip: WEST PALM BEAH, FL 33407

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: ESNEIDA BARRAZA P 04/24/2008