


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 14, 2004 8:00 am
Secretary of State

04-14-2004 90059 008 ****61.25

DOCUMENT # N11064	
1. Entity Name	
THE NADEAU CHARITABLE FOUNDATION, INC.	

Principal Place of Business	Mailing Address
% ERWIN M. VASQUEZ 2600 NE 9TH STREET FT. LAUDERDALE FL 33304 US	% ERWIN M. VASQUEZ 2600 NE 9TH STREET FT. LAUDERDALE FL 33304 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



MOORE CR2E037 (11/03)

6. Name and Address of Current Registered Agent	
VASQUEZ, ERWIN M 2600 NE 9TH STREET FT. LAUDERDALE FL 33304	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25 Due By May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD	TITLE	
NAME	VASQUEZ, ERWIN M DR.	NAME	
STREET ADDRESS	2600 NE NINTH STREET	STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL	CITY-ST-ZIP	
TITLE	SD	TITLE	
NAME	VASQUEZ, ELAINE	NAME	
STREET ADDRESS	2600 NE 9TH ST	STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL 33304	CITY-ST-ZIP	
TITLE	D	TITLE	
NAME	DAVIS, KIM	NAME	
STREET ADDRESS	2011 N 98 AVE	STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL 33021	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **4/10/04 (954) 565-7779**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #