


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 09, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N11064</b> 1. Entity Name THE NADEAU CHARITABLE FOUNDATION, INC.	
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Principal Place of Business % ERWIN M. VASQUEZ 2600 NE 9TH STREET FT. LAUDERDALE, FL 33304 US	Mailing Address % ERWIN M. VASQUEZ 2600 NE 9TH STREET FT. LAUDERDALE, FL 33304 US
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**DO NOT WRITE IN THIS SPACE**



02112005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-2583522	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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

**DO NOT WRITE IN THIS SPACE**

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)

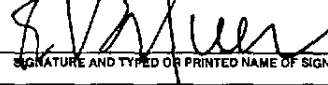
Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	DATE 03/09/05-80038-006 61.25
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD VASQUEZ, ERWIN M DR. 2600 NE NINTH STREET FT. LAUDERDALE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD VASQUEZ, ELAINE 2600 NE 9TH ST FT LAUDERDALE, FL 33304
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DAVIS, KIM 2011 N 98 AVE HOLLYWOOD, FL 33021
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  3/3/05 (954) 565-7779

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