

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2005 08:00 AM
Secretary of State

DOCUMENT # N21382 1. Entity Name THE DIANNE AND MICHAEL BIENES CHARITABLE FOUNDATION, INC.	
--	---

Principal Place of Business ADOM-AEF CHRIS SAILSBURY #AEF MIAMI SHORES, FL 33138	Mailing Address 9401 BISCAYNE BLVD #AEF MIAMI SHORES, FL 33138
--	--



04222005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0016668	Applied For Not Applicable
------------------------------------	-------------------------------

5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
---	--

6. Name and Address of Current Registered Agent BROGAN, FRANCIS B JR. 515 EAST LAS OLAS BLVD., STE. 1500 FT. LAUDERDALE, FL 33301

**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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

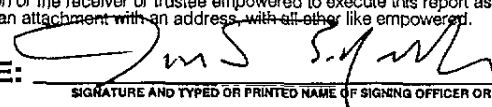
9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

000000346389
04/30/05-80075-007 70.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD KELLY, VINCENT T MONSIGN 4595 BAYVIEW DR. FT. LAUDERDALE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VSD BIENES, DIANNE K 141 BAY COLONY DRIVE FT. LAUDERDALE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD BIENES, MICHAEL 141 BAY COLONY DRIVE FT. LAUDERDALE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ASTD BROGAN, FRANCIS B JR. 515 EAST LAS OLAS BLVD. FT. LAUDERDALE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SHAHEEN, SUE 2541 NW 107TH AVENUE CORAL SPRINGS, FL 33065
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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/05 305.762.1080
Date Daytime Phone #