

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N23603

FILED
Mar 28, 2005
Secretary of State

Entity Name: INFANTS IN NEED, INC.

Current Principal Place of Business:

725 N GREENWAY DR
CORAL GABLES, FL 33134 US

New Principal Place of Business:

Current Mailing Address:

725 N GREENWAY DR
CORAL GABLES, FL 33134 US

New Mailing Address:

FEI Number: 65-0020461

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

RAY, LINDA M.
725 NORTH GREENWAY DR
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: RAY, LINDA M.,
Address: 725 N. GREENWAY DR
City-St-Zip: CORAL GABLES, FL

Title: VD () Delete
Name: LEVINE, I STANLEY,
Address: 1110 BRICKELL AVE. #700
City-St-Zip: MIAMI, FL

Title: STD () Delete
Name: RAY, WENDELL E.,
Address: 725 N. GREENWAY DR.
City-St-Zip: CORAL GABLES, FL

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 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 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: WENDELL E. RAY

STD

03/28/2005

Electronic Signature of Signing Officer or Director

Date