

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Mar 29, 2004
Secretary of State**

DOCUMENT# N24115

Entity Name: THE FOUNDATION FOR STUDIES AND RESEARCH, INC.

Current Principal Place of Business:

New Principal Place of Business:

%STEFANO I.D. DIMAURO, M.D.
16910 NE 8TH COURT
N. MIAMI BEACH, FL 33162

Current Mailing Address:

New Mailing Address:

%STEFANO I.D. DIMAURO, M.D.
16910 NE 8TH COURT
N. MIAMI BEACH, FL 33162

FEI Number: 65-0051963 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:

DIMAURO, STEFANO I.D.
16910 NE 8TH COURT
N. MIAMI BEACH, FL 33162

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:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D () Delete
Name: DIMAURO, STEFANO I.D. .
Address: 16910 NE 8TH COURT
City-St-Zip: N. MIAMI BEACH, FL

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D () Delete
Name: TUCCIO, MARIA
Address: VIALE S PANAGIA 136 SCALA P
City-St-Zip: SIRACUSA, IT

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D () Delete
Name: RENZI, RENATO
Address: 230 NE 174 ST
City-St-Zip: N MIAMI BEACH, FL

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: STEFANO DI MAURO M.D

D

03/29/2004

Electronic Signature of Signing Officer or Director

_____ Date