2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2004
Secretary of State

DOCUMENT# N28210

Entity Name: CILIA FOUNDATION, INCORPORATED

Current Principal Place of Business:

17825 NW 19 AVE
OPALOCKA, FL 33056 US

New Principal Place of Business:

Current Mailing Address:

201 N UNIVERSITY DRIVE
SUITE 103
PLANTATION, FL 33324

New Mailing Address:

FEI Number: 50-0104351 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BELL, THOMAS P.
201 N UNIVERSITY DRIVE
SUITE 103
PLANTATION, FL 33324

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: VP ( ) Delete
Name: PIERRE-LOUIS, ELIANE,
Address: 17825 NW 19TH AVENUE
City-St-Zip: OPA LOCKA, FL 33056

Title: VD ( ) Delete
Name: HERAUX, REYNOLD,
Address: 210 SW 15 RD
City-St-Zip: MIAMI, FL 33129

Title: D ( ) Delete
Name: PIERRE-LOUIS, RENE,
Address: 17825 19TH AVE
City-St-Zip: OPA LOCKA, FL 33056

Title: PSD ( ) Delete
Name: PASCAL, EDITH
Address: 201 N UNIVESITY #103
City-St-Zip: PLANATION, FL 33324

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:

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: EDITH PASCAL PSD 05/01/2004

Electronic Signature of Signing Officer or Director — Date