

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N28210

FILED  
Apr 29, 2005  
Secretary of State

**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:**

14039 NW 17 AVE  
MIAMI, FL 33167 US

**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 US

**Name and Address of New Registered Agent:**

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

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: BELL THOMAS

04/29/2005

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: PSD (X) Change ( ) Addition  
Name: PASCAL, EDITH  
Address: 14039 NW 17 AVE  
City-St-Zip: MIAMI, FL 33167

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

04/29/2005

Electronic Signature of Signing Officer or Director

Date