

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N28210

FILED
Mar 19, 2006
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:

14039 NW 17 AVE
MIAMI, FL 33167 US

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSD (X) Change () Addition
Name: PIERRE-LOUIS, ELIANE,
Address: 17825 NW 19TH AVENUE
City-St-Zip: OPA LOCKA, FL 33056

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

Title: S (X) Change () Addition
Name: PIERRE-LOUIS, RENE,
Address: 17825 19TH AVE
City-St-Zip: OPA LOCKA, FL 33056

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 Chapter 119, 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: ELIANE PIERRE-LOUIS

PSD

03/19/2006

Electronic Signature of Signing Officer or Director

Date