

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90443 011 \*\*\*\*70.00

**DOCUMENT # N34436**

1. Entity Name

**CHILDREN'S FOUNDATION TO DRESS THE HUMBLE, INC.**



Principal Place of Business

717 PONCE DE LEON BLVD.  
STE. 331  
CORAL GABLES FL 33134

Mailing Address

717 PONCE DE LEON BLVD.  
STE. 331  
CORAL GABLES FL 33134



2. Principal Place of Business

717 Ponce de Leon Blvd

3. Mailing Address

PO Box 141699

Suite, Apt. #, etc.  
333

Suite, Apt. #, etc.

City & State

Coral Gables, Florida

City & State

Coral Gables, FLorida

Zip  
33134

Country  
Miami-Dade

Zip  
33114

Country  
Miami-Dade

4. FEI Number

65-0244208

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

MORA, LUIS E  
717 PONCE DE LEON BLVD.  
SUITE 331  
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete  
NAME D  
STREET ADDRESS MORA, LUIS E  
CITY-ST-ZIP 3262 SW 139 PL  
MIAMI FL 33175

TITLE ☐ Delete  
NAME D  
STREET ADDRESS MORA, CRISTINA  
CITY-ST-ZIP 3262 SW 139 PL  
MIAMI FL 33175

TITLE ☐ Delete  
NAME D  
STREET ADDRESS MORA, ANA J  
CITY-ST-ZIP 3262 SW 139 PL  
MIAMI FL 33175

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment to this address, with all other like empowered.

SIGNATURE

*[Handwritten signatures]*