

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT


FILED

05 SEP 23 PM 12:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N48412

1. Entity Name
OPERATION KIMBE FOUNDATION, INC.



Principal Place of Business
1717 BAYSHORE DR.
SUITE 3032
MIAMI, FL 33132

Mailing Address
1717 BAYSHORE DR.
SUITE 3032
MIAMI, FL 33132



2. Principal Place of Business
2501 South Ocean Drive
Suite, Apt. #, etc. 436

3. Mailing Address
2501 S. Ocean Drive
Suite, Apt. #, etc. 436

09132005 Chg-NP CR2E037 (10/03)

City & State
Hollywood FL

City & State
Hollywood FL

Zip Country
33019-2655 US

Zip Country
33019-2655 US

4. FEI Number
65-0352351


Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
MOISE, RUDOLPH
1717 BAYSHORE DR.
SUITE 3032
MIAMI, FL 33132

7. Name and Address of New Registered Agent
Name: MOISE, RUDOLPH
Street Address (P.O. Box Number is Not Acceptable): 2501 South Ocean Drive #436
City: Hollywood FL Zip Code: 33019-2655

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:  DATE: 9/15/05

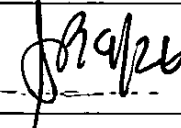
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by October 1, 2005

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 NAME STREET ADDRESS CITY-ST-ZIP	DP MOISE, RUDOLPH 1717 N BAYSHORE DR #3032 MIAMI, FL <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BAPT ISTE, DR ESNOL 1400 EW HGWY SILVER SPRING, MD <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD ERMANE, ROBIN 671 NW 119TH STREET MIAMI, FL 33168 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DR RUDOLPH MOISE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2501 South Ocean Drive #436 Hollywood, FL 33019-2655
TITLE NAME STREET ADDRESS CITY-ST-ZIP	900060047269 09/28/05--01050--011 **\$61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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 with an address, with all other like empowered.

SIGNATURE:  DATE: 9/15/05 DAYTIME PHONE #: 305 684-0811

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR