

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 27, 2005 08:00 AM
Secretary of State

DOCUMENT # N49932

1. Entity Name

**RHESUS, A NON-PROFIT FOUNDATION BENEFITTING
THE STUDY OF HUMAN BEHAVIORAL SCIENCE,**



Principal Place of Business

Mailing Address

**3678 CORAL WAY
MIAMI FL 33145**

**3678 CORAL WAY
MIAMI FL 33145**

2. Principal Place of Business

3. Mailing Address

Suite, Apt #, etc.

Suite, Apt #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/04)

4. FEI Number

65-0387771

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ZULETA, FABIO E
3678 CORAL WY
MIAMI FL 33145**

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 type is 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, 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

<p>TITLE NAME STREET ADDRESS CITY-STATE-ZIP</p> <p>D <input type="checkbox"/> Delete ZULETA, FABIO E 3678 CORAL WAY MIAMI FL 33145</p>	<p>TITLE NAME STREET ADDRESS CITY-STATE-ZIP</p> <p><input type="checkbox"/> Change <input type="checkbox"/> Addition 000000199952 01/28/05-80007-003 61.25</p>
<p>TITLE NAME STREET ADDRESS CITY-STATE-ZIP</p> <p>D <input type="checkbox"/> Delete DE LA HOZ, VIVIANA 3678 CORAL WY MIAMI FL 33145</p>	<p>TITLE NAME STREET ADDRESS CITY-STATE-ZIP</p> <p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p>
<p>TITLE NAME STREET ADDRESS CITY-STATE-ZIP</p> <p>VD <input type="checkbox"/> Delete GLACCUM, BRIAN 3678 CORAL WY MIAMI FL 33145</p>	<p>TITLE NAME STREET ADDRESS CITY-STATE-ZIP</p> <p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p>
<p>TITLE NAME STREET ADDRESS CITY-STATE-ZIP</p> <p>D <input type="checkbox"/> Delete RIVERA, EUCARIS 3678 CORAL WAY MIAMI FL 33145</p>	<p>TITLE NAME STREET ADDRESS CITY-STATE-ZIP</p> <p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p>
<p>TITLE NAME STREET ADDRESS CITY-STATE-ZIP</p> <p><input type="checkbox"/> Delete</p>	<p>TITLE NAME STREET ADDRESS CITY-STATE-ZIP</p> <p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p>
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-24-05

Date

305-445017

Daytime Phone #