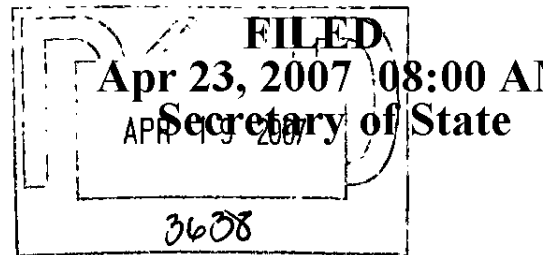


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N94000002370

1. Entity Name  
ATHENA DAAT FOUNDATION, INC.



Principal Place of Business  
9999 COLLINS AVENUE  
UNIT 5G  
BAL HARBOUR, FL 33154

Mailing Address  
9999 COLLINS AVENUE  
UNIT 5G  
BAL HARBOUR, FL 33154



04192007 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-0444675

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

FRYD, JONATHAN  
523 MICHIGAN AVE  
MIAMI BEACH, FL 33139

**DO NOT WRITE  
IN THIS SPACE**

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

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

000000726039  
05/03/07-80046-013 61.25

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP FRYD, CAROL 9999 COLLINS AVENUE BAL HARBOUR, FL 33154
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV SCHECHTER, CAROLINE F 523 MICHIGAN AVENUE MIAMI BEACH, FL 33139
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS TOMMANEY, JAMES 2811 SOMERSET DRIVE #104 LAUDERDALE LAKES, FL 33311
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT FRYD, JONATHAN E 523 MICHIGAN AVENUE MIAMI BEACH, FL 33139
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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

4/19/07

Date

(305) 673-2948

Daytime Phone #