2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Mar 17, 2008 08:00 A Secretary of State

DOCUMENT # N9400002370 1. Entity Name ATHENA DAAT FOUNDATION, INC.							Secre	etary	y of S	
Principal Place of Business 9999 COLLINS AVENUE UNIT 5G BAL HARBOUR, FL 33154		Mailing Address 9999 COLLINS AVENUE UNIT 5G BAL HARBOUR, FL 33154								
2. Principal P	Place of Business - No P.O. Box #	3. Mailing Address			1 1631 105 105 	LIII 81811 2811 81511 816				
Suite, Apt #, etc.		Suite, Apt. #, etc.		03122008	Chg-NP	CR2E037	(12/06)			
City & State		City & State			4. FEI Number 65-0444	675		·	plied For t Applicable	
Zip	Country	Zip	Country		5. Certificate of Status Desired \$8.75 Addition Fee Required		litional d			
	6. Name and Address of Current R	egistered Agent			7. Name and	Address of New F	Registered Ag	ent		
					Name					
FRYD, JONATHAN 523 MICHIGAN AVE MIAMI BEACH, FL 33139				Street Address (P.O. Box Number is Not Acceptable)						
			Cit	у			FL	Zip Cod	9	
	named entity submits this statement for I lions of registered agent. Signature, typed or printed name of registered agent and			signature required						
Filing Fee is \$61:25 Due by May 1, 2008 9. Election Campai Trust Fund Control					\$5.00 May Be Added to Fees	04402/Q	Lonnico lake check p rida Departm	ent of St	ر کے دار افغان	
10.	OFFICERS AND DIRE	CTORS	11.	Α .	DDITIONS/CHA	NGES TO OFFICE	RS AND DIRE	CTORS IN	10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP FRYD, CAROL 9999 COLLINS AVENUE BAL HARBOUR, FL 33154	□ Delete .	TITLE NAME STREET ADDI CITY-ST-ZIF	l l			С] Change	☐ Addition	
TITLE . NAME STREET ADDRESS CITY-ST-ZIP	DV SCHECHTER, CAROLINE F 523 MICHIGAN AVENUE MIAMI BEACH, FL 33139	☐ Delete	TITLE . NAME STREET ADDI	RESS		•	С] Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS TOMMANEY, JAMES 2811 SOMERSET DRIVE #104 LAUDERDALE LAKES, FL 33311	☐ Delete	TITLE NAME STREET ADDI CITY-ST-ZIF	1			Ľ] Change	Addition Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT FRYD, JONATHAN E 523 MICHIGAN AVENUE MIAMI BEACH, FL 33139	□ Delete	TITLE NAME STREET ADDI CITY-ST-ZIP] Change	☐ Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDR CITY-ST-ZIP					Change	Addition	
indicated	certify that the information supplied with the on this report or supplemental report is to poration or the receiver or trustee empore that he address with the contract with the supplemental trusts.	ue and accurate and that my	z signature sl	hall have the s	ame legal effect.	as if made under i	oath: that I am.	an officer	ar director - I	