


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90383 007 ****61.25

DOCUMENT # N94000005475	
1. Entity Name THE CEJAS FAMILY FOUNDATION, INC.	

Principal Place of Business 420 LINCOLN ROAD, STE 2D MIAMI BEACH, FL 33139 US	Mailing Address PO BOX 191679 MIAMI BEACH, FL 33119-1679 US
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14012244



2. Principal Place of Business 420 Lincoln Road Suite, Apt. #, etc. Suite 330 City & State Miami Beach, FL Zip 33139	3. Mailing Address 420 Lincoln Road Suite, Apt. #, etc. Suite 330 City & State Miami Beach, FL Zip 33139
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04262005 Chg-NP CR2E037 (10/03)

4. FEI Number 65-0534149	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent PLC INVESTMENTS INC. 420 LINCOLN ROAD, STE 2D MIAMI BEACH, FL 33139	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 420 Lincoln Road Suite 330 City Miami Beach, FL Zip Code 33139
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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, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CEJAS, HELENE C <input type="checkbox"/> Delete 420 LINCOLN ROAD, STE 2D MIAMI BEACH, FL 33139	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 420 Lincoln Road, Suite 330 Miami Beach, FL33139
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MONTERO, HILDA C <input type="checkbox"/> Delete 420 LINCOLN ROAD, STE 2D MIAMI BEACH, FL 33139	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 420 Lincoln Road, Suite 330 Miami Beach, FL 33139
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CEJAS, PAUL L <input type="checkbox"/> Delete 420 LINCOLN ROAD, STE 2D MIAMI BEACH, FL 33139	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 420 Lincoln Road, Suite 330 Miami Beach, FL33139
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV CEJAS, GERTIE <input type="checkbox"/> Delete 420 LINCOLN ROAD, STE 2D MIAMI BEACH, FL 33139	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 420 Lincoln Road, Suite 330 Miami Beach, FL 33139
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARKOFSKY, TIFFANY <input checked="" type="checkbox"/> Delete 420 LINCOLN ROAD, STE 2D MIAMI BEACH, FL 33139	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT RODRIGUEZ, SANDRA <input type="checkbox"/> Delete 420 LINCOLN ROAD, STE 2D MIAMI BCH, FL 33139	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 420 Lincoln Road, Suite 330 Miami Beach, FL33139

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, was all other like empowered.

SIGNATURE: *Paul L. Cajas*
Signature and typed or printed name of signing officer or director

4/27/05 305-531-5220
Date Daytime Phone #