2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000000299

FILED Jan 08, 2007 Secretary of State

Entity Name: THE MOST SACRED HEART FOUNDATION, INC.

Current P	rincipal Place of Business:	New Principal Pl	New Principal Place of Business:							
7101 BISC STE 213 MIAMI, FL	SAYNE BLVD 33138	150 SE 2ND AVEI STE 200, RM 220 MIAMI, FL 33131	NUE							
Current M	lailing Address:	New Mailing Add	New Mailing Address:							
7101 BISC STE 213 MIAMI, FL	SAYNE BLVD 33138	150 SE 2ND AVEI STE 200, RM 220 MIAMI, FL 33131	NUE							
El Number	: 65-0811946 FEI Number Applied For ()	El Number Not Applicable () Certificate of Status Desired ()							
Name and	Address of Current Registered Agent:	Name and Addre	ss of New Registered Agent:							
	TY, RANDOLPH P ST. STREET 33738 US	MCGRORTY, RAI 850 NE 71 ST. ST MIAMI, FL 33138	REET							
	e named entity submits this statement for the purp e of Florida.	oose of changing its regis	tered office or registered agent, or both,							
SIGNATUI	RE:		01/08/2007							
	Electronic Signature of Registered Agent		Date							
OFFICER	S AND DIRECTORS:	ADDITIONS/CHA	NGES TO OFFICERS AND DIRECTOR							
itle: lame: ddress: city-St-Zip:	PD () Delete MEZADIEU, MYRIAM 8501 NE 3RD AVE EL PORTAL, FL 33138	Title: Name: Address: City-St-Zip:	() Change () Addition							
itle: lame: ddress: City-St-Zip:	VD () Delete MCGRORTY, RANDOLPH P 850 NE 71 STREET MIAMI BEACH, FL 33139	Title: Name: Address: City-St-Zip:	() Change () Addition							
itle: lame: ddress: city-St-Zip:	TD () Delete MOISE, MARIE C 9126 SW 123RD CT. STREET MIAMI, FL 33186	Title: Name: Address: City-St-Zip:	() Change () Addition							
itle: lame: \ddress:	S () Delete IGBOELUSI, PROVIDENTIA 8501 NE 3RD AVE EL PORTAL, FL 33138	Title: Name: Address: City-St-Zip:	() Change () Addition							
city-St-Zip:										
City-St-Zip: Cititie: Clame: Coddress: City-St-Zip:	D () Delete MADDEN, THOMAS A FR 118 N.E. 2ND STREET MIAMI, FL 33132	Title: Name: Address: City-St-Zip:	() Change () Addition							

Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE:	Ν	1YF	RIAI	VΙN		ADIEL						PD		01/08	3/2007	
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