

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90384 035 ****61.25

DOCUMENT # N98000000963					
1. Entity Name THE NAT MOORE FOUNDATION, INC.					
Principal Place of Business 16911 NE 6TH AVENUE NORTH MIAMI BEACH, FL 33162			Mailing Address 16911 NE 6TH AVENUE NORTH MIAMI BEACH, FL 33162		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	04212008 Chg-NP CR2E037 (12/06)	
4. FEI Number 65-0815097				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			7. Name and Address of New Registered Agent		
ROSIER, ALICIA C 16911 NE 6TH AVENUE NORTH MIAMI BEACH, FL 33162			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		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					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE P	NAME PECHON, BOB <input type="checkbox"/> Delete		TITLE P	NAME SERGIO PEREIRA <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 13005 CORONADO TERR.	CITY-ST-ZIP MIAMI, FL 33181		STREET ADDRESS PO BOX 331990	CITY-ST-ZIP MIAMI, FL 33133	
TITLE VP	NAME PEREIRA, SERGIO <input type="checkbox"/> Delete		TITLE VP	NAME BOB, PECHON <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS P.O. BOX 331990	CITY-ST-ZIP MIAMI, FL 33133		STREET ADDRESS 13005 CORONADO TERR	CITY-ST-ZIP MIAMI, FL 33181	
TITLE S	NAME JONES, JESSE <input type="checkbox"/> Delete		TITLE 	NAME 	
STREET ADDRESS 6450 NW 35TH AVE.	CITY-ST-ZIP MIAMI, FL 33147		STREET ADDRESS 	CITY-ST-ZIP 	
TITLE D	NAME MOORE, NAT <input type="checkbox"/> Delete		TITLE 	NAME 	
STREET ADDRESS 4911 NE 6TH AVENUE	CITY-ST-ZIP MIAMI, FL 33162		STREET ADDRESS 	CITY-ST-ZIP 	
TITLE T	NAME CARPENTER, WILLIE <input type="checkbox"/> Delete		TITLE 	NAME 	
STREET ADDRESS 28801 SW 157 AVE	CITY-ST-ZIP HOMESTEAD, FL 33030		STREET ADDRESS 	CITY-ST-ZIP 	
TITLE D	NAME BEARD, WENDALL <input type="checkbox"/> Delete		TITLE 	NAME 	
STREET ADDRESS 16903 SW 79TH PLACE	CITY-ST-ZIP MIAMI, FL 33157		STREET ADDRESS 	CITY-ST-ZIP 	
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: <i>Nat Moore</i> Nat Moore			4/22/08		(305) 770-0995
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date</small>		<small>Daytime Phone #</small>