


2004 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # N98000001479	
1. Entity Name AGES FOUNDATION, INC.	

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION
04 AUG -3 PM 4:03

Principal Place of Business CORAL REEF SR. HIGH 10101 SW 152ND STREET MIAMI, FL 33157	Mailing Address CORAL REEF SR. HIGH C/O A. MCNAUGHTON 10101 SW 152ND STREET MIAMI, FL 33157
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

07262004 Chg-NP CR2E037 (10/03)

4. FEI Number NOT APPLICABLE	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 SHARPE, LEON E 4770 BISCAYNE BLVD SUITE 970 MIAMI, FL 33137	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Amended AR is \$61.25	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	PD YOUNG, CHERYL PRES. 13005 S.W. 114TH COURT MIAMI, FL 33176 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 100040251681 08/17/04--01059--022 **61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SMITH, DIANNE V PRES 13005 S.W. 114TH COURT MIAMI, FL 33176 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PEGGY HANNA, Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 13005 S.W. 114TH COURT MIAMI, FL 33176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD JACOBS, CHRISTINA 8930 SW 192ND DR MIAMI, FL 33157 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DIANNE S. SMITH, Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 19800 SW 180 AVE, #301 MIAMI, FL 33187
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RS HERZON, JOHANNA 19990 S.W. 136TH STREET MIAMI, FL 33196 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	H LACHOCINSKY, CECILIA 11751 S.W. 200TH STREET MIAMI, FL 33177 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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, with all other like empowered.

SIGNATURE: Dianne S. Smith 7-28-04 786-402-1834

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

DIANNE S. SMITH