

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 08:00 AM
Secretary of State

DOCUMENT # N99000000329

1. Entity Name
THE EINSTEIN FOUNDATION, INC.



Principal Place of Business
**3700 9TH AVE N, #D37
ST. PETERSBURG, FL 33713**

Mailing Address
**3700 9TH AVE N, #D37
ST. PETERSBURG, FL 33713**



04272004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**ALONZO, DANIELLA
3403 BARTON ROAD
POMPANO BEACH, FL 33062**

**DO NOT WRITE
IN THIS SPACE**

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, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**U00000140827
04/29/04-80178-011 61.25**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CD
KLEIN, ALLEN
3700 9TH AVE N, #D37
ST. PETERSBURG, FL 33713**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VCD
ALONZO, DANIELLA
3403 BARTON
POMPANO BEACH, FL 33062**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
GONZALEZ, FREDDIE
18051 BISCAYNE
N. MIAMI, FL 33160**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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: *Allen Klein CD*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-2004 727-323-2013
Date Daytime Phone #