

2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N99000001408

FILED
Aug 15, 2005
Secretary of State

Entity Name: HUMANIGROUP FOUNDATION INC

Current Principal Place of Business:

251 VALENCIA AVE., #145364
CORAL GABLES, FL 33114

New Principal Place of Business:

251 VALENCIA AVE., #145364
CORAL GABLES, FL 33114 US

Current Mailing Address:

251 VALENCIA AVE., #145364
CORAL GABLES, FL 33114

New Mailing Address:

251 VALENCIA AVE., #145364
CORAL GABLES, FL 33114 US

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GEISS, ROBERT A
8100 GENEVA CT #243
MIAMI, FL 33166 US

Name and Address of New Registered Agent:

GEISS, ROBERT A
POB 145364
CG, FL., FL 33114 US

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.

SIGNATURE: ROBERT A GEISS

08/15/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PT () Delete
Name: DU VAL, DENISE
Address: 251 VALENCIA AVE., #145364
City-St-Zip: CORAL GABLES, FL 33114

Title: D () Delete
Name: BERDEAL, CARLOS
Address: 251 VALENCIA AVE., #145364
City-St-Zip: CORAL GABLES, FL 33114

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D () Change (X) Addition
Name: MORAN, ALFREDO
Address: 251 VALENCIA AV - #145364
City-St-Zip: CG, FL 33114

I hereby certify that the information supplied with this filing does not qualify for the 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 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: DENISE DU VAL

P/T

08/15/2005

Electronic Signature of Signing Officer or Director

Date