

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000001408

FILED  
May 31, 2006  
Secretary of State

Entity Name: HUMANIGROUP FOUNDATION INC

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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:

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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

PT

05/31/2006

Electronic Signature of Signing Officer or Director

Date