2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

Mar 10, 2004 8:00 am Secretary of State DOCUMENT # N99000003772 03-10-2004 90020 036 ****61.25 FEED THE FUTURE FOUNDATION, INC. Principal Place of Business Mailing Address 600 N.E. 36TH STREET #1816 600 NE 36TH STREET J4U16815 1816 MIAMI, FL 33137 MIAMI, FL 33137 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc 01232004 Cha-NP CR2E037 (10/03) City & State Applied For City & State 4. FEI Number 65-0984092 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required --6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DE CASTRO, DEBORAH 600 NE 36TH ST Street Address (P.O. Box Number is Not Acceptable) #1816 MIAMI, FL 33137 City Zip Code 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. Lam 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 reinstaling) DATE 9. Election Campaign Financing Filing Fee is \$61.25 \$5.00 May Be Make check payable to Florida Department of State Due by May 1, 2004 Trust Fund Contribution. 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. Delete TITLE TITLE ☐ Addition DE CASTRO, DEBORAH NAME NAME 600 NE 36TH ST. #1816 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33137 CITY-ST-ZIP Delete TITLE Change 1440 Brickell BAY Drive, #405 NASCIMENTO, MARILEY NAME NAME STREET ADDRESS 3043 CENTER STREET STREET ADDRESS miami - FL 33131 CITY-ST-7IP MIAMI, FL 33133 CITY-ST-ZIP Se cretary / Di /cct of Change TITLE Delete TITLE loise Peixoto NAME PAGANO, CAROLINA STREET ADDRESS 1848 E. LA JOLLA DRIVE 31 mallory STREET ADDRESS CITY-ST-ZIP TEMPE, AZ 85282 CITY-ST-7IP Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP DDE Delete TITLE ☐ Addition Change NAME NAME STREET ADDRESS STREET ADDRESS City-St-ZIP CITY-ST-ZIP Delete TITLE . TITLE ☐ Change Addition gradina gradina NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

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 turther 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: _

FILED