

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 24, 2005 8:00 am**  
**Secretary of State**

01-24-2005 90047 027 \*\*\*\*61.25

**DOCUMENT # N99000003772**

1. Entity Name  
**FEED THE FUTURE FOUNDATION, INC.**



Principal Place of Business  
**600 NE 36TH STREET  
1816  
MIAMI, FL 33137**

Mailing Address  
**600 N.E. 36TH STREET #1816  
MIAMI, FL 33137**

**40005167**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01172005

Chg-NP

CR2E037 (10/03)

4. FEI Number  
**65-0984092**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**DE CASTRO, DEBORAH  
600 NE 36TH ST  
#1816  
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

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, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete  
NAME DE CASTRO, DEBORAH  
STREET ADDRESS 600 NE 36TH ST. #1816  
CITY-ST-ZIP MIAMI, FL 33137

TITLE VTD ☒ Delete  
NAME NASCIMENTO, MARILEY  
STREET ADDRESS 1440 BRICKELL BAY DRIVE, #450  
CITY-ST-ZIP MIAMI, FL 33131

TITLE SD ☐ Delete  
NAME PEIXOTO, HELOISE  
STREET ADDRESS 231 MALLORY COURT  
CITY-ST-ZIP FORT LAUDERDALE, FL 33326

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VP-P-D ☒ Change ☐ Addition  
NAME Peixoto - Heloise  
STREET ADDRESS 1717 North Bayshore Drive, #215  
CITY-ST-ZIP Miami - FL 33132

TITLE ☐ Change ☒ Addition  
NAME ~~Andrea Costa~~ Secretary  
STREET ADDRESS 3731 N. County Club Drive, #1221  
CITY-ST-ZIP Aventura - FL 33180

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
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 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:

*Deborah de Castro* President 1/17/05 305 576-7001  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #