


**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 07, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N99000003772</b> 1. Entity Name <b>FEED THE FUTURE FOUNDATION, INC.</b>	
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Principal Place of Business <b>600 NE 36TH STREET 1816 MIAMI, FL 33137</b>	Mailing Address <b>600 N.E. 36TH STREET #1816 MIAMI, FL 33137</b>
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**DO NOT WRITE IN THIS SPACE**



02032007 No Chg-NP CR2E037 (4/06)

4. FEI Number <b>65-0984092</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**DE CASTRO, DEBORAH  
600 NE 36TH ST  
#1816  
MIAMI, FL 33137**

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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 re-registering) DATE \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DE CASTRO, DEBORAH 600 NE 36TH ST. #1816 MIAMI, FL 33137
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD PEIXOTO, HELOISE 1717 NORTH BAYSHORE DR. #215 MIAMI, FL 33132
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECR COSTA, ANDREA 3731 N. COUNTRY CLUB DR. #1221 AVENTURAF, FL 33180
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U000000626135  
02/15/07-80005-017 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 **2-3-07** **(305) 576-7001**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #