2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 29, 2004 8:00 am
Secretary of State
06-29-2004 90001 043 ****70.00

54059158

DOCUMENT # N99000003969

1. Entity Name
INTERNATIONAL FOUNDATION FOR THE NEEDED, INC.

Principal Place of Business	Mailing Address
1150 HATTERAS CIR. GREENACRES, FL 33413-3003	1150 HATTERAS CIR. GREENACRES, FL 33413-3003

06112004 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
4161 NW. 90TH AVE	4161 NW. 90th AVE
Suite, Apt. #, etc.: 201	Suite, Apt. #, etc.: 201
City & State: CORAL SPRINGS FL.	City & State: CORAL SPRINGS FL.
Zip: 33065 Country: USA.	Zip: 33065 Country: USA

4. FEI Number 76-0724143 ☐ Applied For ☐ Not Applicable

6. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

COLLADO, VALENTINA A
1150 HATTERAS CIR.
GREENACRES, FL 33413-3003

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable): 4161 NW. 90 TH AVE Apt 201

City: CORAL SPRINGS FL Zip Code: 33065

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: VALENTINA COLLADO PRESIDENT Dr. Valentina Collado 6-22-2004
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 September 8, 2004

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PV COLLADO, VALENTINA A 1150 HATTERAS CIR. GREENACRES, FL 334133003	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition T HILDA JIMENEZ 2201 N. UNIVERSITY DR. APT. 320 PEMBROKE PINE FL. 33024
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SV RODRIGUES, PRISCILLA 62 MEADOW DR. BOYNTON BEACH, FL 33436	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition V JUANA BENCOSME 2551 W. GOLF Blvd. APT 101 POMPANO BEACH FL. 33064
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V MENDEZ, IRAIDA M 3000 N.W. 5TH TR., APT. 109 POMPANO BEACH, FL 330693151	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition V KEYLA RODRIGUEZ 141 NW. 91 AVE Bld. 15 Apt 113 CORAL SPRINGS FL. 33071
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V ABREU, JOSE A 1274 OLIMPIC CIR GREENACRES, FL 33413	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V ABREU, MARIA 1274 OLIMPIC CIR GREENACRES, FL 33413	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T CAMACHO, JOSE D 3000 N.W. 5TH TR., APT. 109 POMPANO BEACH, FL 33064	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: Dr. Valentina Collado VALENTINA COLLADO 6-22-2004
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #