

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jul 25, 2005 8:00 am**  
**Secretary of State**

07-25-2005 90099 026 \*\*\*\*66.25

DOCUMENT # N99000003969

1. Entity Name

INTERNATIONAL FOUNDATION FOR THE NEEDED, INC.



Principal Place of Business

4161 NW 90TH AVE  
201  
CORAL SPRINGS FL 33065

Mailing Address

4161 NW 90TH AVE  
201  
CORAL SPRINGS FL 33065



2. Principal Place of Business

4161 NW 90TH AVE CORAL SPRINGS FL 33065

3. Mailing Address

SAME ABOVE

Suite, Apt. #, etc.

201

Suite, Apt. #, etc.

City & State

CORAL SPRINGS FL

City & State

Zip

33065

Country

USA

Zip

Country

1st MOORE

CR2E037 (10/04)

4. FEI Number

76-0724143

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

COLLADO, VALENTINA A  
4161 NW 90TH AVE, APT 201  
CORAL SPRINGS FL 33065

7. Name and Address of New Registered Agent

Name

SAME

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

Dr. Valentina Collado

VALENTINA A. COLLADO

7-12-2005

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: 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	PV	<input type="checkbox"/> Delete
NAME	COLLADO, VALENTINA A	
STREET ADDRESS	1150 HATTERAS CIR.	
CITY-ST-ZIP	GREENACRES FL 33413-3003	
TITLE	SV	<input checked="" type="checkbox"/> Delete
NAME	RODRIGUEZ, PRISCILLA	
STREET ADDRESS	62 MEADOW DR.	
CITY-ST-ZIP	BOYNTON BEACH FL 33436	
TITLE	V	<input type="checkbox"/> Delete
NAME	MENDEZ, IRAIDA M	
STREET ADDRESS	3000 NW 5TH TR., APT. 109	
CITY-ST-ZIP	POMPANO BEACH FL 33069-3151	
TITLE	T	<input type="checkbox"/> Delete
NAME	JIMENEZ, HILDA	
STREET ADDRESS	2201 N. UNIVERSITY DR., APT. 320	
CITY-ST-ZIP	PEMBROKE PINE FL 33024	
TITLE	V	<input type="checkbox"/> Delete
NAME	BENCOSME, JUANA	
STREET ADDRESS	2551 W. GOLF BLVD., APT. 101	
CITY-ST-ZIP	POMPANO BEACH FL 33064	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	RODRIGUEZ, KEYLA	
STREET ADDRESS	141 NW 91 AVE., BLDG. 15, APT. 113	
CITY-ST-ZIP	CORAL SPRINGS FL 33071	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VALENTINA A. COLLADO	
STREET ADDRESS	4161 NW 90TH AVE #201	
CITY-ST-ZIP	CORAL SPRINGS FL 33065	
TITLE	SV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENCOSME JUANA	
STREET ADDRESS	2551 W. GOLF BLVD. APT 101	
CITY-ST-ZIP	POMPANO BEACH FL 33064	
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HILDA JIMENEZ	
STREET ADDRESS	2201 N. UNIVERSITY DR. APT 320	
CITY-ST-ZIP	PEMBROKE PINE FL 33024	
TITLE	V	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MENDEZ IRAIDA	
STREET ADDRESS	3000 NW 5TH TR. APT 109	
CITY-ST-ZIP	POMPANO BEACH FL 33069-3151	
TITLE	V	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ELSIDA BENCOSME	
STREET ADDRESS	2551 W GOLF BLVD APT 101	
CITY-ST-ZIP	POMPANO BEACH FL 33064	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RODRIGUEZ PRISCILLA	
STREET ADDRESS	62 MEADOW DR.	
CITY-ST-ZIP	BOYNTON BEACH FL 33436	

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 A. COLLADO

Date

7-12-2005

Daytime Phone #

754-366-0960

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR