2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2004 08:00 AM
Secretary of State

DOCUMENT # N99000006768

1. Entity Name
FRANK MOYA CHARITABLE FOUNDATION, INC.

Principal Place of Business	Mailing Address
1320 S DIXIE HWY SUITE 1060 CORAL GABLES, FL 33146	1320 S DIXIE HWY SUITE 1060 CORAL GABLES, FL 33146

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01122004 No Chg-NP CR2E037 (10/03)

4. FEI Number
58-6402421
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MOYA, FRANK
1320 S DIXIE HWY
SUITE 1060
MIAMI, FL 33146

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000095276
03/24/04-80025-014 61.25

10. OFFICERS AND DIRECTORS

TITLE	CD
NAME	MOYA, FRANK MD
STREET ADDRESS	1320 S DIXIE HWY, STE. 1060
CITY-ST-ZIP	CORAL GABLES, FL 33146
TITLE	D
NAME	MOYA, FRANK III
STREET ADDRESS	1320 S DIXIE HWY, STE 1060
CITY-ST-ZIP	CORAL GABLES, FL 33146
TITLE	D
NAME	MOYA, ELIZABETH M
STREET ADDRESS	1320 S DIXIE HWY, STE 1060
CITY-ST-ZIP	CORAL GABLES, FL 33146
TITLE	D
NAME	MOYA, RICHARD
STREET ADDRESS	1320 S. DIXIE HWY, SUITE 1060
CITY-ST-ZIP	CORAL GABLES, FL 33146
TITLE	D
NAME	MOYA, JONATHAN
STREET ADDRESS	1320 S. DIXIE HWY, SUITE 1060
CITY-ST-ZIP	CORAL GABLES, FL 33146
TITLE	D
NAME	MOYA, MARIA C
STREET ADDRESS	1320 S. DIXIE HWY, SUITE 1060
CITY-ST-ZIP	CORAL GABLES, FL 33146

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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: X _____ Frank Moya 3/22/04 (305) 666-3002
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #