

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N1400001839

**FILED**  
**Apr 07, 2015**  
**Secretary of State**  
**CC4034297120**

**Entity Name:** CURE BREAST CANCER RESEARCH, INC

**Current Principal Place of Business:**

1120 NW 78TH AVE  
PLANTATION, FL 33322

**Current Mailing Address:**

1120 NW 78TH AVE  
PLANTATION, FL 33322

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

HULSIZER, WILLIAM  
1120 NW 78TH AVE  
PLANTATION, FL 33322 US

*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.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            D  
Name            HULSIZER, WILLIAM  
Address        1120 NW 78TH AVE  
City-State-Zip: PLANTATION FL 33322

Title            D  
Name            CRISALLI, MARIA  
Address        1120 NW 78TH AVE  
City-State-Zip: PLANTATION FL 33322

Title            D  
Name            COOK, KAMERIN  
Address        1133 SW 5TH PLACE  
City-State-Zip: FT.LAUDERDALE FL 33312

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** WILLIAM HULSIZER

**DIRECTOR**

**04/07/2015**

Electronic Signature of Signing Officer/Director Detail

Date