

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004 08:00 AM
Secretary of State

DOCUMENT # N01000004949
 1. Entity Name
 HENRI RIQUET PERPIGNAND FOUNDATION INC.



Principal Place of Business: 6542 SW 148TH AVE, MIAMI, FL 33193
 Mailing Address: 6542 SW 148TH AVE, 412, MIAMI, FL 33193



04132004 No Chg-NP CR2E037 (10/03)

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4. FEI Number: 65-1126935
 Applied For: Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 PERPIGNAND, CLAUDE
 6542 SW 148TH AVE
 MIAMI, FL 33193-2033

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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: Claude Perpignand DATE: 04/26/04
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

10. OFFICERS AND DIRECTORS

TITLE	PDT
NAME	HOPKIN, THIMOTHY
STREET ADDRESS	16121 SW 6TH ST
CITY - ST - ZIP	MIAMI, FL 33135
TITLE	VEDT
NAME	PIGNAND, CLAUDE H
STREET ADDRESS	10905 N KENDALL DR
CITY - ST - ZIP	MIAMI, FL 33176
TITLE	STD
NAME	PERPIGNAND, CLAUDE SR
STREET ADDRESS	10905 N KENDALL DR
CITY - ST - ZIP	MIAMI, FL 33176
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

400000135154
 04/28/04-80048-019 61.25

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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: Claude Perpignand DATE: 04/26/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #