


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2008 08:00 AM
Secretary of State

DOCUMENT # N01000003759

1. Entity Name
FLORIDA FTAA FOUNDATION, INC.



Principal Place of Business
**BILTMORE CONFERENCE CENTER OF THE
 1200 ANASTASIA AVE # 500
 CORAL GABLES, FL 33134**

Mailing Address
**BILTMORE CONFERENCE CENTER OF THE
 1200 ANASTASIA AVE # 500
 CORAL GABLES, FL 33134**

DO NOT WRITE IN THIS SPACE



02252008 No Chg-NP CR2E037 (4/06)

4. FEI Number
59-3722353

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**CALDERON, INES
 1200 ANASTASIA AVE # 500
 CORAL GABLES, FL 33134**

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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 fee if applicable (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
 Due by May 1, 2008**

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

10. OFFICERS AND DIRECTORS

TITLE	C
NAME	COBB, CHARLES E
STREET ADDRESS	255 ARAGON AVENUE SUITE 333
CITY-ST-ZIP	MIAMI, FL 33134
TITLE	V
NAME	VILLAMIL, J. ANTONIO
STREET ADDRESS	2655 LE JEUNE ROAD SUITE 608
CITY-ST-ZIP	MIAMI, FL 33134
TITLE	P
NAME	DEAN, BRIAN C
STREET ADDRESS	1200 ANESTASIA AVENUE, SUITE 500
CITY-ST-ZIP	MIAMI, FL 33134
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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U00000848224
 03/20/08-80008-023 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated by 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: Brian Dean **2/28/08** **305-476-5451**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #