2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 22, 2006
Secretary of State

DOCUMENT# N03000008476

Entity Name: RINCONSITO FOUNDATION, INC.

Current Principal Place of Business:

1615 SW 8 STREET
MIAMI, FL 33135

New Principal Place of Business:

Current Mailing Address:

1615 SW 8 STREET
MIAMI, FL 33135

New Mailing Address:

FEI Number: 30-0216264 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

PEREZ, ESTRELLA
4481 SW 1 STREET
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: PEREZ, ESTRELLA
Address: 4481 SW 1ST ST
City-St-Zip: CORAL GABLES, FL 33134

Title: VD ( ) Delete
Name: MORALES, ROBERTO J
Address: 4481 SW 1ST ST
City-St-Zip: CORAL GABLES, FL 33134

Title: TD ( ) Delete
Name: RUIZ, LIDIA C
Address: 6511 SW 36 STREET
City-St-Zip: MIAMI, FL 33155

Title: SD ( ) Delete
Name: DELGADO, AIDA Y
Address: 4481 SW 1ST STREET REAR
City-St-Zip: MIAMI, FL 33134

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: ESTRELLA PEREZ P 05/22/2006

Electronic Signature of Signing Officer or Director — Date