


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2007 08:00 A
Secretary of State

DOCUMENT # N04000010231

1. Entity Name
THE CHRISTOPHER RICARDO CYSTIC FIBROSIS FOUNDATION, INC.



Principal Place of Business Mailing Address
3191 NE 211 TERRACE **3191 NE 211 TERRACE**
AVENTURA, FL 33180 **AVENTURA, FL 33180**

DO NOT WRITE IN THIS SPACE



03182007 No Chg-NP CR2E037 (4/06)

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|------------------------------------|-------------------------------|
| 4. FEI Number 86-1119987 | Applied For Not Applicable |
|------------------------------------|-------------------------------|

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

6. Name and Address of Current Registered Agent

DEVITA, ANTONIO
3191 NE 211 TERRACE
AVENTURA, FL 33180

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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 *[Signature]* **TREASURER/SECRETARY** **3-31-07**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25
Due by May 1, 2007

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

| 10. OFFICERS AND DIRECTORS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D RICARDO, MARIA 5161 COLLINS AVENUE APT 1701 MIAMI BEACH, FL 33145 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D DEVITA, ZITA ZANOTTI 3191 NE 211 TERRACE AVENTURA, FL 33180 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D DEVITA, ANTONIO 3191 NE 211 TERRACE AVENTURA, FL 33180 |
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 04/12/07-80006-010 61.25

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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 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: *[Signature]* **(ANTONIO DEVITA)** **3-31-07 (305) 466-5654**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #