


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 24, 2008 08:00 A**  
**Secretary of State**

DOCUMENT # N04000010231  
 1. Entity Name,  
 THE CHRISTOPHER RICARDO CYSTIC FIBROSIS  
 FOUNDATION, INC.



Principal Place of Business 3191 NE 211 TERRACE AVENTURA, FL 33180	Mailing Address 3191 NE 211 TERRACE AVENTURA, FL 33180
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**DO NOT WRITE IN THIS SPACE**



01042008 No Chg-NP CR2E037.(4/06)

4. FEI Number 86-1119987	Applied For Not Applicable
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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

**DO NOT WRITE IN THIS SPACE**

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 *Antonio Devita* TREASURER/SECRETARY 3-19-08  
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, 2008

9. Election Campaign Financing Trust Fund Contribution.  \$5:00 May Be Added to Fees

UN00000866993  
 04/08/08-80051-021.61.25

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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**DO NOT WRITE IN THIS SPACE**

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: *Antonio Devita* 3/19/08 (631) 833-4775  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #