2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 07, 2009
Secretary of State

DOCUMENT# N04000010231

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

Current Principal Place of Business:

3191 NE 211 TERRACE
AVENTURA, FL 33180

New Principal Place of Business:

Current Mailing Address:

3191 NE 211 TERRACE
AVENTURA, FL 33180

New Mailing Address:

FEI Number: 86-1119987 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DEVITA, ANTONIO
3191 NE 211 TERRACE
AVENTURA, FL 33180 US

Name and Address of New Registered Agent:

DEVITA, ANTONIO
19333 COLLINS AVE
709
SUNNY ISLES BEACH, FL 33160 US

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: ANTONIO DEVITA 01/07/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: RICARDO, MARIA
Address: 5161 COLLINS AVENUE APT 1701
City-St-Zip: MIAMI BEACH, FL 33145

Title: D ( ) Delete
Name: DEVITA, ZITA ZANOTTI
Address: 3191 NE 211 TERRACE
City-St-Zip: AVENTURA, FL 33180

Title: D ( ) Delete
Name: DEVITA, ANTONIO
Address: 3191 NE 211 TERRACE
City-St-Zip: AVENTURA, FL 33180

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: RICARDO, MARIA
Address: 9449 NW 54 DORAL CIRCLE LANE
City-St-Zip: DORAL, FL 33178

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

Title: D (X) Change ( ) Addition
Name: DEVITA, ANTONIO
Address: 19333 COLLINS AVE APT. #709
City-St-Zip: SUNNY ISLES BEACH, FL 33160

I hereby certify that the information supplied with this filing does not qualify 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: ANTONIO DEVITA D 01/07/2009
Electronic Signature of Signing Officer or Director Date