2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000002646

FILED Apr 12, 2008 Secretary of State

Entity Name: THE RICARDO RAMHARRACK FOUNDATION, INC.

	Principal Place	OI DUSINESS:	New Principal Plac	e or business:	
	S AVENUE, NE Y, FL 32907				
Current Mailing Address:			New Mailing Addre	New Mailing Address:	
	SAVENUE, NE Y, FL 32907				
El Number	r: 20-2638021	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	d Address of C	urrent Registered Agent:	Name and Address	of New Registered Agent:	
961 HAAS	RACK, OLGA SAVENUE, NE Y, FL 32907	US			
	e named entity s e of Florida.	submits this statement for the p	ourpose of changing its register	red office or registered agent, or bot	
SIGNATU	RE:				
	Electron	ic Signature of Registered Age	ent	Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTO	
⊺itle: Name:	RAMHARRACK,		Title: Name:	() Change () Addition	
	961 HAAS AVEN PALM BAY, FL	•	Address: City-St-Zip:		
Address: City-St-Zip: Fitle: Name: Address: City-St-Zip:	PALM BAY, FL	32907 Delete HERMAN NUE, NE		() Change () Addition	
City-St-Zip: Title: Jame: Address: City-St-Zip: Title: Jame: Address:	PALM BAY, FL V () RAMHARRACK, 961 HAAS AVEN PALM BAY, FL	32907 Delete HERMAN NUE, NE 32907 Delete ROBERT NUE, NE	City-St-Zip: Title: Name: Address:	() Change () Addition () Change () Addition	
City-St-Zip: Fitle: Name: Address:	PALM BAY, FL V () RAMHARRACK, 961 HAAS AVEN PALM BAY, FL D () RAMHARRACK, 961 HAAS AVEN PALM BAY, FL	32907 Delete HERMAN NUE, NE 32907 Delete ROBERT NUE, NE 32907 Delete CIA	City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address:		
city-St-Zip: itle: lame: .ddress: city-St-Zip: itle: lame: .ddress: city-St-Zip: itle: lame: .ddress: city-St-Zip:	PALM BAY, FL V () RAMHARRACK, 961 HAAS AVEN PALM BAY, FL D () RAMHARRACK, 961 HAAS AVEN PALM BAY, FL T () FRASER, MARC 3345 WEBER F	32907 Delete HERMAN NUE, NE 32907 Delete ROBERT NUE, NE 32907 Delete CIA RD 32950 Delete DEBORAH IA ST	City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: Address: Address:	() Change () Addition	

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: OLGA RAMHARRACK P 04/12/2008