

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED  
Mar 24, 2008  
Secretary of State

DOCUMENT# N06000007016

Entity Name: MI SANGRE FOUNDATION CORPORATION

**Current Principal Place of Business:**

260 CRANDON BLVD. SUITE 53  
KEY BISCAYNE, FL 33149

**New Principal Place of Business:**

**Current Mailing Address:**

260 CRANDON BLVD. SUITE 53  
KEY BISCAYNE, FL 33149

**New Mailing Address:**

FEI Number: 20-5855508

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

ARISTIZABAL, JOSE L MANAGER  
260 CRANDON BLVD SUITE 53  
KEY BISCAYNE, FL 33149 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: D ( ) Delete  
Name: ARISTIZABAL, JUAN E  
Address: 260 CRANDON BLVD. SUITE 53  
City-St-Zip: KEY BISCAYNE, FL 33149

Title: D ( ) Delete  
Name: ARISTIZABAL, JOSE L  
Address: 260 CRANDON BLVD. SUITE 53  
City-St-Zip: KEY BISCAYNE, FL 33149

Title: D ( ) Delete  
Name: MARTINEZ, KAREN  
Address: 260 CRANDON BLVD. SUITE 53  
City-St-Zip: KEY BISCAYNE, FL 33149

Title: D ( ) Delete  
Name: SANCHEZ, TATIANA  
Address: 260 CRANDON BLVD. SUITE 53  
City-St-Zip: KEY BISCAYNE, FL 33149

Title: D ( ) Delete  
Name: GRAVIER, LEONARDO D  
Address: 201 ALHAMBRA CIRCLE SUITE 901  
City-St-Zip: CORAL GABLES, 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:

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

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: IVAN ALARCON

AST

03/24/2008

Electronic Signature of Signing Officer or Director

Date