


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 15, 2007 08:00 AM
Secretary of State

DOCUMENT # N32059 1. Entity Name PADRE FELIX VARELA FOUNDATION, INC.	
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Principal Place of Business 9840 S.W. 19TH STREET MIAMI FL 33165 US	Mailing Address 9840 S.W. 19TH STREET MIAMI FL 33165 US
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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1st MOORE CR2E037 (10/06)

City & State Zip Country	City & State Zip Country	4. FEI Number 65-0132229	Applied For <input type="checkbox"/> Not Applicable
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6. Name and Address of Current Registered Agent ABISLAIMAN, RAFAEL 9840 S.W. 19TH STREET MIAMI FL 33165	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

FILE NOW: FEE IS \$61.25 Due By May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD	TITLE	
NAME	ABISLAIMAN, RAFAEL B	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	9840 S.W. 19TH STREET	STREET ADDRESS	U00000637653
CITY-ST-ZIP	MIAMI FL 33165	CITY-ST-ZIP	02/26/07-80070-011 61.25
TITLE	VD	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MIRET, GARMAN J	NAME	
STREET ADDRESS	8260 S.W. 91ST	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33156	CITY-ST-ZIP	
TITLE	SD	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REYES-GAVILAN, ALLIOA	NAME	
STREET ADDRESS	10908 SW 72 ST. #215	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33173	CITY-ST-ZIP	
TITLE	VS	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARCIA, FABIOLA	NAME	
STREET ADDRESS	9150 FONTAINEBLEAU BLVD. #215	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33173	CITY-ST-ZIP	
TITLE	TD	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROCA, EMILIO G	NAME	
STREET ADDRESS	600 SW 34TH AVENUE	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33125	CITY-ST-ZIP	
TITLE	VT	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COBELO, YOLANDA	NAME	
STREET ADDRESS	1400 S.W. 84TH COURT	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33144	CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Emilio Roca* 2/11/07 (305) 644-1681

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date District/County #