

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

**FILED  
Jul 15, 2008  
Secretary of State**

DOCUMENT# N93000001887

Entity Name: THE ARELLANO FOUNDATION, INC.

**Current Principal Place of Business:**

100 SE 2ND STREET  
SUITE 1600  
MIAMI, FL 33131 US

**New Principal Place of Business:**

**Current Mailing Address:**

100 SE 2ND STREET  
SUITE 1600  
MIAMI, FL 33131 US

**New Mailing Address:**

FEI Number: 65-0413902      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

F & L CORP.  
ONE INDEPENDENT DRIVE  
SUITE 1300  
JACKSONVILLE, FL 32202 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: DPS ( ) Delete  
Name: ARELLANO, JORGE R  
Address: 100 SE 2ND STREET, SUITE 1600  
City-St-Zip: MIAMI, FL 33131

Title: D ( ) Delete  
Name: FERNANDEZ-QUINCOSES, GUILLERMO J  
Address: 100 SE 2ND STREET, SUITE 1600  
City-St-Zip: MIAMI, FL 33131

Title: D (X) Delete  
Name: ARELLANO, ANA LAURA  
Address: 605 OCEAN DRIVE APT 5M  
City-St-Zip: KEY BISCAWAYNE, FL 33149

**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:

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: JORGE R. ARELLANO

DPS

07/15/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date