


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

FILED
Mar 22, 2007 08:00 A
Secretary of State

DOCUMENT # N94000005789					
1. Entity Name FUNDACION DOMINICANA DE INFECTOLOGIA OF FLORIDA, INC.					
Principal Place of Business 2333 BRICKEL AVE. 602 MIAMI FL 33129		Mailing Address 2333 BRICKEL AVE. 602 MIAMI FL 33129			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0550188	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Applied For		Not Applicable			
6. Name and Address of Current Registered Agent FLOREN, ANGELICA DR. 2333 BRICKEL AVE APT 602 MIAMI FL 33129			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering)</small>					
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	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	DE FIALLO, GERMANIA	NAME			
STREET ADDRESS	EPS A-383, P.O. BOX 5256 N/A	STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33102	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	DE ARMENTEROS, MARIA L	NAME			
STREET ADDRESS	EPS A-383, P.O. BOX 5256 N/A	STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33102	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	DE PAIZ, OLGA	NAME			
STREET ADDRESS	EPS A-383, P.O. BOX 5256 N/A	STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33102	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	DE FERIS, PILAR	NAME			
STREET ADDRESS	EPS A-383, P.O. BOX 5256 N/A	STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33102	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	PEINADO, MARIA	NAME			
STREET ADDRESS	8250 S.W. 33 TERR	STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33155	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	FLOREN, ANGELICA	NAME			
STREET ADDRESS	2333 BRICKEL AVE APT 602	STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33129	CITY-ST-ZIP			



1st MOORE CR2E037 (10/06)

65-0550188

\$8.75 Additional Fee Required

FL Zip Code

000000676824
03/30/07-80075-026 61.25

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:  **Maria Peinado**

3/21/07 305 585 5143