

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000003372

FILED
Jan 15, 2006
Secretary of State

Entity Name: STOVIR FOUNDATION, INC.

Current Principal Place of Business:

720 NORTHEAST 27TH STREET
MIAMI, FL 33137

New Principal Place of Business:

Current Mailing Address:

720 NORTHEAST 27TH STREET
MIAMI, FL 33137

New Mailing Address:

FEI Number: 31-1626729

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DE GOYTISOLO, AGUSTIN ESQ
600 BILTMORE WAY
APTE. 1205
CORAL GABLES, FL 331347530 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: DC () Delete
Name: LLORENTE, AMANDO REV
Address: 720 NORTHEAST 27TH STREET
City-St-Zip: MIAMI, FL 33137

Title: DP () Delete
Name: DE LASA, JOSE M ESQ
Address: 1120 N. LAKE SHORE DRIVE APT.6-B
City-St-Zip: CHICAGO, IL 60611

Title: DVP () Delete
Name: LEON, JESUS PE
Address: 11537 MANORSTONE LANE
City-St-Zip: COLUMBIA, MD 21044

Title: DVP () Delete
Name: DOMINGUEZ, RAMON PE
Address: 14001 DRAKE AVENUE
City-St-Zip: ROCKVILLE, MD 20853

Title: DVP () Delete
Name: CABARROCAS, DAVID J A1A
Address: 4086 EL PRADO BOULEVARD
City-St-Zip: COCONUT GROVE, FL 33133

Title: DVP () Delete
Name: RIONDA, JOSE ANDRES PHD
Address: 24 COLTS LANE
City-St-Zip: FLEMINGTON, NJ 08822

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:

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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 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: AGUSTIN DE GOITISOLO

DC

01/15/2006

Electronic Signature of Signing Officer or Director

Date