


2005 NOT-FOR-PROFIT-CORPORATION ANNUAL REPORT

FILED
Mar 25, 2005 08:00 AM
Secretary of State

DOCUMENT # N99000006385
 1. Entity Name
JACQUES MARITAIN FOUNDATION, INC.



Principal Place of Business Mailing Address
 8250 S.W. 31ST ST. 8250 S.W. 31ST ST.
 MIAMI, FL 33155 MIAMI, FL 33155

DO NOT WRITE IN THIS SPACE



03202005 No Chg-NP CR2E037 (10/03)

4. FEI Number Applied For
65-0959546 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
 RASCO, JOSE I
 8250 S.W. 31ST ST.
 MIAMI, FL 33155

DO NOT WRITE IN THIS SPACE

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE: D
 NAME: RASCO, JOSE I
 STREET ADDRESS: 8250 S.W. 31ST ST.
 CITY-ST-ZIP: MIAMI, FL 33155

TITLE: D
 NAME: DE ARAGON, UVA
 STREET ADDRESS: 9922 S.W. 2 ST.
 CITY-ST-ZIP: MIAMI, FL 33174

TITLE: D
 NAME: GUERRA, PEDRO L
 STREET ADDRESS: 7860 S.W. 22 ST.
 CITY-ST-ZIP: MIAMI, FL 33155

TITLE: _____
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

TITLE: _____
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

TITLE: _____
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

100000276670
 03/25/05-80052-012 70.00

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *X Jose Ignacio Radeo* Date: *03/19/04* Daytime Phone #: *(305) 223-1146*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR