
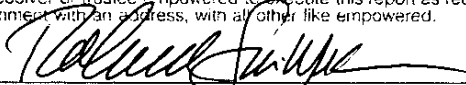


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Apr 11, 2008 8:00 am
Secretary of State

04-11-2008 90030 010 ****61.25

DOCUMENT # 759057					
1. Entity Name JORGE MAS CANOSA FREEDOM FOUNDATION, INC.					
Principal Place of Business 800 DOUGLAS RD., PENTHOUSE CORAL GABLES FL 33134			Mailing Address 800 DOUGLAS RD., PENTHOUSE CORAL GABLES FL 33134		
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 59-2122621	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SANCHEZ-MEDINA JR., ROLAND THE COLONNADE, SUITE 302 2333 PONCE DE LEON BLVD. CORAL GABLES FL 33134				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 _____ (NOTE: Registered Agent signature is required when reappointing) _____ DATE _____					
FILE NOW: FEE IS \$61.25 Due By May 1, 2008			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	P	<input type="checkbox"/> Delete	TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAS, IRMA		NAME	MAS, IRMA	
STREET ADDRESS	3155 NW 77 AVENUE		STREET ADDRESS	800 Douglas Road 12th Floor	
CITY-ST-ZIP	MIAMI FL 33122		CITY-ST-ZIP	Coral Gables, Florida 33134	
TITLE	TD	<input type="checkbox"/> Delete	TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAS, JUAN C		NAME	MAS, JUAN C.	
STREET ADDRESS	311 LEUCADENDRA DRIVE		STREET ADDRESS	800 Douglas Rd. 12th Floor	
CITY-ST-ZIP	CORAL GABLES FL 33156		CITY-ST-ZIP	Coral Gables, Florida 33134	
TITLE	VT	<input type="checkbox"/> Delete	TITLE	VT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAS, JUAN C		NAME	MAS, JUAN C.	
STREET ADDRESS	311 LEUCADENDRA DRIVE		STREET ADDRESS	800-Douglas-Rd.-12th-Floor	
CITY-ST-ZIP	CORAL GABLES FL 33156		CITY-ST-ZIP	Coral Gables, Florida 33134	
TITLE	S	<input type="checkbox"/> Delete	TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAS, JOSE R		NAME	MAS, JOSE R.	
STREET ADDRESS	8540 OLD CUTLER ROAD		STREET ADDRESS	800 Douglas Rd. 12th Floor	
CITY-ST-ZIP	CORAL GABLES FL 33143		CITY-ST-ZIP	Coral Gables, Florida 33134	
TITLE	SD	<input type="checkbox"/> Delete	TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAS, JOSE R		NAME	MAS, JOSE R.	
STREET ADDRESS	8540 OLD CUTLER ROAD		STREET ADDRESS	800 Douglas Rd., 12th Floor	
CITY-ST-ZIP	CORAL GABLES FL 33143		CITY-ST-ZIP	Coral Gables, FL 33134	
TITLE	AS	<input type="checkbox"/> Delete	TITLE	AS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANCHEZ-MEDINA JR., ROLAND		NAME	SANCHEZ-MEDINA JR., ROLAND	
STREET ADDRESS	2333 PONCE DE LEON BLVD, SUITE 302		STREET ADDRESS	2333 Ponce De Leon Blvd, Suite 302	
CITY-ST-ZIP	CORAL GABLES FL 33134		CITY-ST-ZIP	Coral Gables, Florida 33134	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions 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 authority like empowered.					
SIGNATURE: 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					