


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 15, 2006 8:00 am**  
**Secretary of State**

05-15-2006 90040 008 \*\*\*\*61.25

<b>DOCUMENT # F05000001644</b>	
1. Entity Name FUNDACION DR. JUAN ANDUJAR, INC.	

Principal Place of Business LA LOMETA VERAGUA, GASPER HERNANDEZ PROVINCIA ESPALLAT DOMINICAN REPUBLIC,	Mailing Address ELVIRA DEL VALLE, EPS-D 4144, P.O. BOX 02-5548 MIAMI, FL 33102
---	--

40092002



2. Principal Place of Business		3. Mailing Address <i>Elvira del Valle</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc. <i>Beacon 52, Cambridge</i>	
City & State		City & State <i>Park, San Juan</i>	
Zip	Country	Zip	Country
		<i>00926</i>	<i>Puerto Rico</i>

04282006 Chg-NP CR2E037 (4/06)

4. FEI Number <i>30-0327503</i>	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	--------------------------------

6. Name and Address of Current Registered Agent  FOLGAR, JUDITH 6011 NW 69TH AVE. TAMARAC, FL 33321		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$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 NAME STREET ADDRESS CITY-ST-ZIP	PD DEL VALLE-MORALES, ELVIRA LA LOMETA VERAGUA, GASPER HERNANDEZ DOMINICAN REPUBLIC, <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCT SOTO-DEL VALLE, MAXIMO PERLA MARINA #2, SOSUA, PROVINCIA DEPUERTO PLATA, DOMINICAN REPUBLIC, <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS DE JESUS-GONELLGOMEZ, TERESA CALLE PEDRO CLISANTE #8, EL BATEY, SOSUA PUERTO PLATA, DOMINICAN REP, <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:** *Elvira del Valle* **4/28/06**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #