

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # F05000001644

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Beacon St, Cambridge

Park, San Juan

00926 Puerto Rico

4. FEI Number

30-0327503

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL Zip Code

7. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$81.25
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 PD Delete
NAME DEL VALLE-MORALES, ELVIRA
STREET ADDRESS LA LOMETA VERAGUA, GASPER HERNANDEZ
CITY-ST-ZIP DOMINICAN REPUBLIC,

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VCT Delete
NAME SOTO-DEL VALLE, MAXIMO
STREET ADDRESS PERLA MARINA #2, SOSUA, PROVINCIA DEPUERTO
CITY-ST-ZIP PLATA, DOMINICAN REPUBLIC,

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DS Delete
NAME DE JESUS-GONELLGOMEZ, TERESA
STREET ADDRESS CALLE PEDRO CLISANTE #8, EL BATEY, SOSUA
CITY-ST-ZIP PUERTO PLATA, DOMINICAN REP.

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/06

Date

Daytime Phone #

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

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

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