

**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 21, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # N00000000935**  
**1. Entity Name**  
**JOSEFA PEREZ DE CASTANO KIDNEY FOUNDATION, INC.**

<b>Principal Place of Business</b> 970 S.W. 1ST STREET 407 MIAMI, FL 33130	<b>Mailing Address</b> 825 S.W. 28TH ROAD MIAMI, FL 33129
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03172005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

<b>4. FEI Number</b> 65-0992434	<b>Applied For</b> Not Applicable
<b>5. Certificate of Status Desired</b>	<input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>

**5. Name and Address of Current Registered Agent**  
 PEREZ, MARIA C  
 825 S.W. 28TH ROAD  
 MIAMI, FL 33129

**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** \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE

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

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

U00000271766  
 03/21/05-80062-004 70.00

**10. OFFICERS AND DIRECTORS**

<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	PD PEREZ, MARIA C 825 S.W. 28TH ROAD MIAMI, FL 33129
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	VPD PEREZ, JULIO A 3554 N.W. 12TH ST. MIAMI, FL 33125
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	TD APARICIO, ELOY P 1171 S.W. 8TH ST. MIAMI, FL 33130
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	

**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)(f), 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:** \_\_\_\_\_ **GEORGE P. CASTANO** 3-17-05 305.545-7844  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  
 EXP. DIRECTOR