


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 24, 2007 8:00 am
Secretary of State

05-24-2007 90002 041 ****70.00

DOCUMENT # N00000000935

1. Entity Name
JOSEFA PEREZ DE CASTANO KIDNEY FOUNDATION, INC.



Principal Place of Business 970 S.W. 1ST STREET 407 400 MIAMI, FL 33130	Mailing Address 970 S.W. 1ST STREET SUITES 407/408 MIAMI, FL 33130 400
---	--

DO NOT WRITE IN THIS SPACE

40118210



05162007 No Chg-NP CR2E037 (4/06)

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

6. 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 _____ 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 September 14, 2007**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PEREZ, MARIA C PD 825 S.W. 28TH ROAD MIAMI, FL 33129
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS CASAS, ZOILA VPD <i>George P. Castano</i> 1535 S.W. 20TH STREET <i>P.O. BOX 557443</i> MIAMI, FL 33145 <i>MIAMI, FL 33255</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD APARICIO, ELOY P TD 1171 S.W. 8TH ST. MIAMI, FL 33130
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. TOLL, MERCEDEZ D. 14940 S.W. 48TH AVENUE UNIT D MIAMI, FL 33185
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. ORTIZ, SARA C D. 9340 FONTAINEBLEU BLVD # 405 MIAMI FLORIDA, FL 33172
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Casas Zoila 1535 S.W. 20th STREET MIAMI, FL 33145

DO NOT WRITE IN THIS SPACE

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: _____ *DIR.* **5-17-07 (786) 897 6504**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

NOTE

ATTACHMENT

40118210

#N000000000935

GEORGE P. CASTANO JR.

QUESTIONS ?

786-897-6504