

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008 8:00 am
Secretary of State

04-30-2008 90201 014 ****70.00

DOCUMENT # N00000000935

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



Principal Place of Business
 970 S.W. 1ST STREET
 407
 MIAMI, FL 33130

Mailing Address
 970 S.W. 1ST STREET SUITES 407/408
 MIAMI, FL 33130

60035063

(N00000000935N)

2. Principal Place of Business - No P.O. Box #
 970 S.W. 1st St.

3. Mailing Address
 970 S.W. 1st Street

04232008 Chg-NP CR2E037 (12/06)

Suite, Apt. #, etc.
 400

Suite, Apt. #, etc.
 400

4. FEI Number
 65-0992434

Applied For
 Not Applicable

City & State
 Miami, FL

City & State
 Miami, FL

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

Zip
 33130

Country
 US

Zip
 33130

Country
 US

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PEREZ, MARIA C
 825 S.W. 28TH ROAD
 MIAMI, FL 33129

Name
 George P. Castano Jr.
 Street Address (P.O. Box Number is Not Acceptable)
 825 S.W. 28th Road.
 City
 Miami FL Zip Code
 33129

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

4-25-08

Filing Fee is \$61.25
 Due by May 1, 2008

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	<input type="checkbox"/> Delete
PD	PEREZ, MARIA C PD	825 S.W. 28TH ROAD	MIAMI, FL 33129	<input type="checkbox"/>
VPD	CASTONO, GEORGE P JR	PO BOX 557443	MIAMI, FL 33255	<input checked="" type="checkbox"/>
TD	APARICIO, ELOY P TD	1171 S.W. 8TH ST.	MIAMI, FL 33130	<input type="checkbox"/>
D.	TOLL, MERCEDEZ D.	14940 S.W. 48TH AVENUE UNIT D	MIAMI, FL 33185	<input type="checkbox"/>
D.	ORTIZ, SARA C D.	9340 FONTAINEBLEU BLVD # 405	MIAMI FLORIDA, FL 33172	<input checked="" type="checkbox"/>
D	ZOILA, CASAS	1535 SW 20TH ST	MIAMI, FL 33145	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
VPD	Yvonne Hernandez	P.O. Box 557443	Miami, FL 33255	<input checked="" type="checkbox"/>	<input type="checkbox"/>
MD	George P. Castano	825 S.W. 28th Rd	Miami, FL 33129	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DIRECTOR 4-25-08 286-8976504

Date

Daytime Phone #