

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.
Suite, Apt. #, etc.
400

3. Mailing Address

970 S.W. 1st Street
Suite, Apt. #, etc.
400

04232008 Chg-NP CR2E037 (12/06)

City & State

Miami, FL

City & State

Miami, FL

4. FEI Number
65-0992434

Applied For
Not Applicable

Zip
33130

Country
US

Zip
33130

Country
US

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

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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

TITLE PD ☐ Delete
NAME PEREZ, MARIA C PD
STREET ADDRESS 825 S.W. 28TH ROAD
CITY-ST-ZIP MIAMI, FL 33129

TITLE VPD ☒ Delete
NAME CASTANO, GEORGE P JR
STREET ADDRESS PO BOX 557443
CITY-ST-ZIP MIAMI, FL 33255

TITLE TD ☐ Delete
NAME APARICIO, ELOY P TD
STREET ADDRESS 1171 S.W. 8TH ST.
CITY-ST-ZIP MIAMI, FL 33130

TITLE D. ☐ Delete
NAME TOLL, MERCEDEZ D.
STREET ADDRESS 14940 S.W. 48TH AVENUE UNIT D
CITY-ST-ZIP MIAMI, FL 33185

TITLE D. ☒ Delete
NAME ORTIZ, SARA C D.
STREET ADDRESS 9340 FONTAINEBLEU BLVD # 405
CITY-ST-ZIP MIAMI FLORIDA, FL 33172

TITLE D ☐ Delete
NAME ZOILA, CASAS
STREET ADDRESS 1535 SW 20TH ST
CITY-ST-ZIP MIAMI, FL 33145

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VPD ☒ Change ☐ Addition
NAME Yvonne Hernandez
STREET ADDRESS P.O. Box 557443
CITY-ST-ZIP Miami, FL 33255

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MD ☒ Change ☐ Addition
NAME George P. Castano
STREET ADDRESS 825 S.W. 28th Rd
CITY-ST-ZIP Miami, FL 33129

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

DIRECTOR 4-25-08 286-8976504