


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 05, 2005 08:00 AM
Secretary of State

DOCUMENT # N00000001134
 1. Entity Name
LEONARDO DA VINCI FOUNDATION, INC.



Principal Place of Business Mailing Address
2350 SW 23RD TERR **142 PALM AVENUE**
MIAMI FL 33145 **MIAMI BEACH FL 33139**
US **US**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



1st MOORE CR2E037 (10/04)

6. Name and Address of Current Registered Agent

TRINLEY, PAUL T ESQ
1675 PALM BEACH LAKES BLVD
STE. 700
WEST PALM BEACH FL 33401

4. FEI Number Applied For
04-3676713 Not Applicable

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

7. Name and Address of New Registered Agent

Name

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

City **FL** Zip Code

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)

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

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	D	<input type="checkbox"/> Delete
NAME	RODRIGUEZ, NORA	
STREET ADDRESS	142 PALM AVENUE - PALM ISLAND	
CITY - ST - ZIP	MIAMI BEACH FL 33139	
TITLE	D	<input type="checkbox"/> Delete
NAME	RODRIGUEZ, DALIA	
STREET ADDRESS	13538 S.W. 11TH LANE	
CITY - ST - ZIP	MIAMI FL 33184	
TITLE	D	<input type="checkbox"/> Delete
NAME	VILLAMIZAR, CARMEN	
STREET ADDRESS	14944 S.W. 144TH COURT	
CITY - ST - ZIP	MIAMI FL 33186	
TITLE	D	<input type="checkbox"/> Delete
NAME	FORTIN, LUIS	
STREET ADDRESS	537 N.W. 44TH AVENUE	
CITY - ST - ZIP	MIAMI FL 33126	
TITLE	D	<input type="checkbox"/> Delete
NAME	HULL, ROSANA	
STREET ADDRESS	411 ANASTASIA AVE, #205	
CITY - ST - ZIP	CORAL GABLES FL 33134	
TITLE	D	<input type="checkbox"/> Delete
NAME	SANCHEZ, OMAR	
STREET ADDRESS	600 N.E. 36TH STREET, APT. 322	
CITY - ST - ZIP	MIAMI FL 33137	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

U00000288534
 04/05/05-80014-019 70.00

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: Nora Rodriguez **NORA RODRIGUEZ** 03-30-2005 305-672-7151
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #