

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

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



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 SEP 22 AM 10:17

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



| | |
|---|---|
| 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. | 3. Mailing Address Suite, Apt. #, etc. |
|---|---|

1st MOORE CR2E037 (10/07)

| | |
|--------------|--------------|
| City & State | City & State |
| Zip | Country |

| | |
|---|--|
| 4. FEI Number 04-3676713 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

6. Name and Address of Current Registered Agent

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

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 the filer, if applicable. (NOTE: Registered Agent signature required when reconstituting)

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

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|--|---|
| TITLE: D NAME: DAISY RODRIGUEZ STREET ADDRESS: 19218 N.W. 81 PL. CITY-ST-ZIP: MIAMI, FL. 33015 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE: D NAME: PATRICIA SAUCEDO STREET ADDRESS: 10989 N.W. 7th St. apt. #24 CITY-ST-ZIP: MIAMI, FL. 33172 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE: D NAME: MARCIANO RODRIGUEZ STREET ADDRESS: 7103 S.W. 132 ave. CITY-ST-ZIP: MIAMI, FLORIDA | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE: _____ NAME: _____ STREET ADDRESS: 700136348557 CITY-ST-ZIP: 09/25/08--01058--003 **70.00 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____ | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____ | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Nora Rodriguez 07-15-2008 (305) 672-7157
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date System Phone #