

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 24, 2005 8:00 am**  
**Secretary of State**

02-24-2005 90030 043 \*\*\*\*70.00

<b>DOCUMENT # N00000001174</b>					
<b>1. Entity Name</b> THE GERMAN SANCHEZ RUIPEREZ FOUNDATION, INC.					
<b>Principal Place of Business</b> 2600 DOUGLAS ROAD, SUITE 406 CORAL GABLES, FL 33134			<b>Mailing Address</b> 2600 DOUGLAS ROAD, SUITE 406 CORAL GABLES, FL 33134		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>		01042005    Chg-NP    CR2E037 (10/03)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		<b>4. FEI Number</b> 65-0987185	
City & State		City & State		<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Zip	Country	Zip	Country	<b>6. Name and Address of Current Registered Agent</b>  SPENCER, THOMAS R JR PENTHOUSE II B 2 ALHAMBRA PLAZA MIAMI, FL 33131	
<b>7. Name and Address of New Registered Agent</b>				Name  Street Address (P.O. Box Number is Not Acceptable)  City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
<b>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.</b>					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete RUIPEREZ, GERMAN S PENTHOUSE II B, TWO ALHAMBRA PLAZA MIAMI, FL 33134		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete RUBIN, JEROME S PENTHOUSE II B, TWO ALHAMBRA PLAZA MIAMI, FL 33134		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete ANDRES, JULIO GRANDE PENTHOUSE II B, TWO ALHAMBRA PLAZA MIAMI, FL 33134		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete GONZALEZ, CARLOS E 2600 DOUGLAS ROAD, SUITE 406 CORAL GABLES, FL 33134		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete SPENCER, THOMAS R JR. PENTHOUSE II B, TWO ALHAMBRA PLAZA MIAMI, FL 33134		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.</b>					
<b>SIGNATURE:</b>			CARLOS E. GONZALEZ 2/21/05 (305) 461-9941		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		