


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 24, 2008 8:00 am**  
**Secretary of State**

01-24-2008 90025 007 \*\*\*\*70.00

|   |                                 |  |   |   |  |
|---|---------------------------------|--|---|---|--|
| DOCUMENT # N00000001174   |                                 |  |   |  |  |
| <b>1. Entity Name</b><br>THE GERMAN SANCHEZ RUIPEREZ FOUNDATION, INC.   |                                 |  |   |   |  |
| <b>Principal Place of Business</b><br>2600 DOUGLAS ROAD, SUITE 406<br>CORAL GABLES, FL 33134  |                                 |  | <b>Mailing Address</b><br>2600 DOUGLAS ROAD, SUITE 406<br>CORAL GABLES, FL 33134  |   |  |
| <b>2. Principal Place of Business - No P.O. Box #</b><br>Suite, Apt. #, etc.  |                                 |  | <b>3. Mailing Address</b><br>Suite, Apt. #, etc.  |   |  |
| <b>City &amp; State</b>   |                                 |  | <b>City &amp; State</b>   |   |  |
| <b>Zip</b>  |                                 | <b>Country</b>   |   | <b>Zip</b>  |  |
| <b>Country</b>  |                                 | <b>4. FEI Number</b><br>65-0987185   |   |   |  |
| <b>5. Certificate of Status Desired</b>   |                                 |  |   | <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>         |  |
| <b>6. Name and Address of Current Registered Agent</b><br><br>SPENCER, THOMAS R JR.<br>999 PONCE DE LEON BLVD.<br>SUITE 510<br>MIAMI, FL 33134  |                                 |  | <b>7. Name and Address of New Registered Agent</b><br><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>FL Zip Code |   |  |
| <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 _____<br><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<br/>Due by May 1, 2008</b>   |                                 | <b>9. Election Campaign Financing</b><br>Trust Fund Contribution. <input type="checkbox"/> |   | <b>\$5.00 May Be<br/>Added to Fees</b>  |  |
| <b>Make check payable to<br/>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><br>D<br><b>NAME</b><br>RUIPEREZ, GERMAN S<br><b>STREET ADDRESS</b><br>PENTHOUSE II B, TWO ALHAMBRA PLAZA<br><b>CITY-ST-ZIP</b><br>MIAMI, FL 33134  | <input type="checkbox"/> Delete |  | <b>TITLE</b><br><br><b>NAME</b><br><br><b>STREET ADDRESS</b><br><br><b>CITY-ST-ZIP</b><br>  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| <b>TITLE</b><br>D<br><b>NAME</b><br>RUBIN, JEROME S<br><b>STREET ADDRESS</b><br>PENTHOUSE II B, TWO ALHAMBRA PLAZA<br><b>CITY-ST-ZIP</b><br>MIAMI, FL 33134   | <input type="checkbox"/> Delete |  | <b>TITLE</b><br><br><b>NAME</b><br><br><b>STREET ADDRESS</b><br><br><b>CITY-ST-ZIP</b><br>  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| <b>TITLE</b><br>D<br><b>NAME</b><br>ANDRES, JULIO GRANDE<br><b>STREET ADDRESS</b><br>PENTHOUSE II B, TWO ALHAMBRA PLAZA<br><b>CITY-ST-ZIP</b><br>MIAMI, FL 33134  | <input type="checkbox"/> Delete |  | <b>TITLE</b><br><br><b>NAME</b><br><br><b>STREET ADDRESS</b><br><br><b>CITY-ST-ZIP</b><br>  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| <b>TITLE</b><br>D<br><b>NAME</b><br>GONZALEZ, CARLOS E<br><b>STREET ADDRESS</b><br>2600 DOUGLAS ROAD, SUITE 406<br><b>CITY-ST-ZIP</b><br>CORAL GABLES, FL 33134   | <input type="checkbox"/> Delete |  | <b>TITLE</b><br><br><b>NAME</b><br><br><b>STREET ADDRESS</b><br><br><b>CITY-ST-ZIP</b><br>  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| <b>TITLE</b><br>D<br><b>NAME</b><br>SPENCER, THOMAS R JR.<br><b>STREET ADDRESS</b><br>PENTHOUSE II B, TWO ALHAMBRA PLAZA<br><b>CITY-ST-ZIP</b><br>MIAMI, FL 33134   | <input type="checkbox"/> Delete |  | <b>TITLE</b><br><br><b>NAME</b><br><br><b>STREET ADDRESS</b><br><br><b>CITY-ST-ZIP</b><br>  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| <b>TITLE</b><br><br><b>NAME</b><br><br><b>STREET ADDRESS</b><br><br><b>CITY-ST-ZIP</b><br>  | <input type="checkbox"/> Delete |  | <b>TITLE</b><br><br><b>NAME</b><br><br><b>STREET ADDRESS</b><br><br><b>CITY-ST-ZIP</b><br>  | <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 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.</b> |                                 |  |   |   |  |
| <b>SIGNATURE:</b> _____<br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>  |                                 |  | DIRECTOR JAN 22/2008 461-9941<br><small>Date Daytime Phone #</small>  |   |  |

40008000



01172008 Chg-NP CR2E037 (12/06)

Applied For  
Not Applicable