

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000001767

FILED
Mar 01, 2004
Secretary of State**Entity Name:** THE SALADRIGAS FAMILY FOUNDATION, INC.**Current Principal Place of Business:**BUSTAMANTE NUNEZ & COMPANY
2100 PONCE DE LEON BLVD., STE. 1110
CORLA GABLES, FL 33134**New Principal Place of Business:****Current Mailing Address:**BUSTAMANTE NUNEZ & COMPANY
2100 PONCE DE LEON BLVD., STE. 1110
CORLA GABLES, FL 33134**New Mailing Address:****FEI Number:** 65-0990437**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**PENINSULA REGISTERED AGENTS, INC.
200 S. BISCAYNE BLVD., #4874
MIAMI, FL 33131 US**Name and Address of New Registered Agent:**

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: SALADRIGAS, CARLOS
Address: 200 S. BISCAYNE BLVD., #4874
City-St-Zip: MIAMI, FL 33131

Title: D () Delete
Name: SALADRIGAS, JORGE A
Address: 200 S. BISCAYNE BLVD., #4874
City-St-Zip: MIAMI, FL 33131

Title: D () Delete
Name: SALADRIGAS, CARLOS ALBERTO
Address: 200 S. BISCAYNE BLVD., #4874
City-St-Zip: MIAMI, FL 33131

Title: D () Delete
Name: SALADRIGAS, OLGA
Address: 200 S. BISCAYNE BLVD., #4874
City-St-Zip: MIAMI, FL 33131

Title: D () Delete
Name: SALADRIGAS, ELISA MARIA
Address: 200 S. BISCAYNE BLVD., #4874
City-St-Zip: MIAMI, FL 33131

Title: D () Delete
Name: SALADRIGAS, LUIS
Address: 200 S. BISCAYNE BLVD., #4874
City-St-Zip: MIAMI, FL 33131 --

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CARLOS SALADRIGAS

D

03/01/2004

Electronic Signature of Signing Officer or Director

Date