


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2008 08:00 AM
Secretary of State

DOCUMENT # N00000001801
 1. Entity Name
 THE JOSE M. SANCHEZ FAMILY FOUNDATION, INC.



Principal Place of Business: C/O RSM MCGLADREY, INC. 201 ALHAMBRA CIRCLE, SUITE 810 CORAL GABLES, FL 33134
 Mailing Address: C/O RSM MCGLADREY, INC. 201 ALHAMBRA CIRCLE, SUITE 810 CORAL GABLES, FL 33134

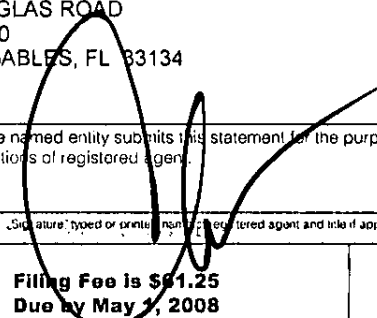
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01152008 No Chg-NP CR2E037 (4/06)
 4. FEI Number 65-0990435 Applied For Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 REGISTERED AGENT CORPORATE SERVICES, INC.
 806 DOUGLAS ROAD
 SUITE 580
 CORAL GABLES, FL 33134

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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: 1-21-08
(NOTE: Registered Agent signature required when re-registering)

Filing Fee is \$81.25 Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	SANCHEZ, JOSE
STREET ADDRESS	806 DOUGLAS ROAD, SUITE 580
CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	D
NAME	SALADRIGAS, CARLOS
STREET ADDRESS	806 DOUGLAS ROAD, SUITE 580
CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	D
NAME	DICKEY, INES M
STREET ADDRESS	806 DOUGLAS ROAD, SUITE 580
CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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

SIGNATURE:  DATE: 1-21-08 DAY/PHONE # 305.669.2843
SIGNATURE AND EITHER TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR