

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000001801

FILED  
Mar 28, 2011  
Secretary of State

**Entity Name:** THE JOSE M. SANCHEZ FAMILY FOUNDATION, INC.

**Current Principal Place of Business:**

C/O RSM MCGLADREY, INC.  
201 ALHAMBRA CIRCLE, SUITE 810  
CORAL GABLES, FL 33134 US

**New Principal Place of Business:**

**Current Mailing Address:**

C/O RSM MCGLADREY, INC.  
201 ALHAMBRA CIRCLE, SUITE 810  
CORAL GABLES, FL 33134 US

**New Mailing Address:**

**FEI Number:** 65-0990435

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

REGISTERED AGENT CORPORATE SERVICES, INC.  
355 ALHAMBRA CIRCLE  
SUITE 801  
CORAL GABLES, FL 33134 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  
Name: SANCHEZ, JOSE M  
Address: 355 ALHAMBRA CIRCLE, SUITE 801  
City-St-Zip: CORAL GABLES, FL 33134 US

Title: D  
Name: SALADRIGAS, CARLOS  
Address: 355 ALHAMBRA CIRCLE, SUITE 801  
City-St-Zip: CORAL GABLES, FL 33134

Title: D  
Name: DICKY, INES M  
Address: 355 ALHAMBRA CIRCLE, SUITE 801  
City-St-Zip: CORAL GABLES, FL 33134 US

I hereby 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 all other like empowered.

SIGNATURE: JOSE M. SANCHEZ

D

03/28/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date