


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2005 08:00 AM
Secretary of State

DOCUMENT # N00000005986

1. Entity Name
THE FRANCISCO FOUNDATION, INC.



Principal Place of Business
**2620 SW 115TH AVENUE
 MIAMI, FL 33165**

Mailing Address
**2620 SW 115TH AVENUE
 MIAMI, FL 33165**

DO NOT WRITE IN THIS SPACE



03282005 No Chg-NP CR2E037 (10/03)

4. FEI Number
65-1066139

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**SOUTO, JAVIER
 2620 SW 115TH AVENUE
 MIAMI, FL 33165**

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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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
 Due by May 1, 2005**

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	SOUTO, JAVIER
STREET ADDRESS	2620 SW 115TH AVENUE
CITY-ST-ZIP	MIAMI, FL 33165
TITLE	D
NAME	MESSER, NILO
STREET ADDRESS	7810 SW 29TH TERRACE
CITY-ST-ZIP	MIAMI, FL 33155
TITLE	D
NAME	PERMUY, JESUS
STREET ADDRESS	335 FLUVIA
CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	D
NAME	VILLAMANAN, MANOLO
STREET ADDRESS	160 SOUTH HIBISCUS DRIVE
CITY-ST-ZIP	MIAMI BEACH, FL 33190
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 03/31/05-80015-014 61.25

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 persons empowered.

SIGNATURE: *[Signature]* **PRESIDENT** **3/28/05 (30) 444-4077**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #