


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
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DO NOT WRITE IN THIS SPACE



03282005 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-1066139	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent SOUTO, JAVIER 2620 SW 115TH AVENUE MIAMI, FL 33165	DO NOT WRITE IN THIS SPACE
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.	

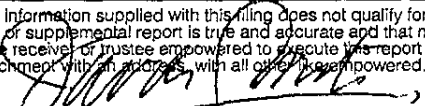
SIGNATURE _____	Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)	DATE _____
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Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SOUTO, JAVIER 2620 SW 115TH AVENUE MIAMI, FL 33165
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MESSER, NILO 7810 SW 29TH TERRACE MIAMI, FL 33155
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PERMUY, JESUS 335 FLUVIA CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VILLAMANAN, MANOLO 160 SOUTH HIBISCUS DRIVE 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

**DO NOT WRITE
IN THIS SPACE**

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:  PRESIDENT	Date: 3/28/05 (3M) 444-4077
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Daytime Phone #