
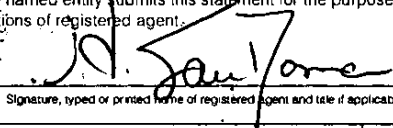
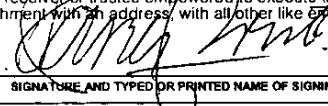


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 08, 2007 8:00 am
Secretary of State

05-08-2007 90007 025 ****61.25

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		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		Country	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
SOUTO, JAVIER 2620 SW 115TH AVENUE MIAMI, FL 33165				Name HERMINIO SAN ROMAN	
				Street Address (P.O. Box Number is Not Acceptable)	
				12515 S.W. 88TH ST. #222	
				City MIAMI	FL Zip Code 33186
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 4/24/07	
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, 2007			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D	<input type="checkbox"/> Delete		TITLE	PD
NAME	SOUTO, JAVIER			NAME	SOUTO, JAVIER
STREET ADDRESS	2620 SW 115TH AVENUE			STREET ADDRESS	2620 SW 115TH AVENUE
CITY-ST-ZIP	MIAMI, FL 33165			CITY-ST-ZIP	MIAMI, FL 33165
TITLE	D	<input type="checkbox"/> Delete		TITLE	
NAME	MESSER, NILO			NAME	
STREET ADDRESS	7810 SW 29TH TERRACE			STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33155			CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> Delete		TITLE	V.P.D.
NAME	PERMUY, JESUS			NAME	PERMUY, JESUS
STREET ADDRESS	335 FLUVIA			STREET ADDRESS	335 FLUVIA
CITY-ST-ZIP	CORAL GABLES, FL 33134			CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	D	<input type="checkbox"/> Delete		TITLE	
NAME	VILLAMANAN, MANOLO			NAME	
STREET ADDRESS	160 SOUTH HIBISCUS DRIVE			STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH, FL 33190			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	T.D.
NAME				NAME	RIERA, JOSE L.
STREET ADDRESS				STREET ADDRESS	340 SEVILLA AVENUE
CITY-ST-ZIP				CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE		<input type="checkbox"/> Delete		TITLE	S.D.
NAME				NAME	TRUEBA, CARMINA
STREET ADDRESS				STREET ADDRESS	2250 SW 131 PL
CITY-ST-ZIP				CITY-ST-ZIP	MIAMI, FL 33175
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 4/24/07	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone # 705-444-4057	

40107876



04052007 Chg-NP CR2E037 (12/06)

4. FEI Number
65-1066139 Applied For
Not Applicable

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

4/24/07

4/24/07

705-444-4057