

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		4. FEI Number 65-1066139	
Zip		Country		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			7. Name and Address of New Registered Agent 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 4/24/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee Is \$61.25 Due by May 1, 2007		9. Election Campaign Financing <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 NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete SOUTO, JAVIER 2620 SW 115TH AVENUE MIAMI, FL 33165	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition SOUTO, JAVIER 2620 SW 115TH AVENUE MIAMI, FL 33165		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete MESSER, NILO 7810 SW 29TH TERRACE MIAMI, FL 33155	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete PERMUY, JESUS 335 FLUVIA CORAL GABLES, FL 33134	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.P.D. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition PERMUY, JESUS 335 FLUVIA CORAL GABLES, FL 33134		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete VILLAMANAN, MANOLO 160 SOUTH HIBISCUS DRIVE MIAMI BEACH, FL 33190	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T.D. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition RIERA, JOSE L. 340 SEVILLA AVENUE CORAL GABLES, FL 33134		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition S.D. TRUEBA, CARMINA 2250 SW 131 PL 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:		4/24/07		705-444-4057	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	