2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N00000005986

THE FRANCISCO FOUNDATION, INC.



FILED Jul 14, 2008 08:00 AM Secretary of State

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

07092008 No Chg-NP CR2E037 (4/06)

4. FE! 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

SAN ROMAN, HERMINIO 12515 S.W. 88TH ST #222 MIAMI, FL 33186

DO NOT WRITE

			INIO OFACE
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 resistating) DATE			
Di	Filing Fee Is \$61.25 ue by September 12, 2008 9. Election Campaign Fir Trust Fund Contribution		
10.	OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD 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		U00000954543 07/14/08-80004-025 61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PERMUY, JESUS 335 FLUVIA CORAL GABLES, FL 33134	DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VILLAMANAN, MANOLO 160 SOUTH HIBISCUS DRIVE MIAMI BEACH, FL 33190		THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD RIERA, JOSE L 340 SEVILLA AVENUE CORAL GABLES, FL 33134		
TITLE	SU		

12. Thereby 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 type 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 of execution this report as recytied 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,

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: JAVIER SOUTO

TRUEBA, CARMINA

2250 SW 131 PL

MIAMI, FL 33175

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICERIOR DIRECTOR

7/9/08

Daytime Phone #