


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

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

DOCUMENT # N00000005986 1. Entity Name THE FRANCISCO FOUNDATION, INC.	
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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



07092008 No Chg-NP CR2E037 (4/06)

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

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

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

**Filing Fee is \$61.25
Due by September 12, 2008**

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

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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD 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	TD RIERA, JOSE L 340 SEVILLA AVENUE CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD TRUEBA, CARMINA 2250 SW 131 PL MIAMI, FL 33175

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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 signatures.

SIGNATURE: JAVIER SOUTO  7/9/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #