

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000007242

FILED
Apr 27, 2006
Secretary of State

Entity Name: ARMANDO ALEJANDRE FEBRUARY 24, 1996 MEMORIAL FOUNDATION INCORPORATED

Current Principal Place of Business:

7500 S.W. 61 STREET
MIAMI, FL 33143

New Principal Place of Business:

Current Mailing Address:

7500 S.W. 61 STREET
MIAMI, FL 33143

New Mailing Address:

FEI Number: 65-1073523

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MIAMI CORPORATE SYSTEMS, INC.
283 CATALONIA AVENUE, 2ND FLOOR
CORAL GABLES, FL 331346700 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: CIERESZKO, ANA ALEJANDRE
Address: 7550 S.W. 61ST STREET
City-St-Zip: MIAMI, FL 33143

Title: D () Delete
Name: KHULY, MARGARITA A
Address: 7481 S.W. 50TH TERRACE
City-St-Zip: MIAMI, FL 33155

Title: D () Delete
Name: ANGONES, FRANK
Address: 66 WEST FLAGLER STREET, 9TH FLOOR
City-St-Zip: MIAMI, FL 33130

Title: D () Delete
Name: VALDES, JOSE
Address: 741 S.W. 27 ROAD
City-St-Zip: MIAMI, FL 33129

Title: P () Delete
Name: ALEJANDRE-TRIANA, MARLENE
Address: 7500 SW 61 STREET
City-St-Zip: MIAMI, FL 33143

Title: VP () Delete
Name: FERNANDEZ, MARLENE A
Address: 6145 SW 92 STREET
City-St-Zip: MIAMI, FL 33156

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARLENE ALEJANDRE-TRIANA

PRES

04/27/2006

Electronic Signature of Signing Officer or Director

Date