2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 31, 2007
Secretary of State

DOCUMENT# N00000007242

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 ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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:

ALEJANDRE-TRIANA, MARLENE
7500 SW 61 STREET
MIAMI, FL 33143 US

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: M. ALEJANDRE-TRIANA 08/31/2007
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
Name:	
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 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: M. ALEJANDRE-TRIANA P 08/31/2007
Electronic Signature of Signing Officer or Director — Date