

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000007242

FILED  
Apr 29, 2009  
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:**

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

04/29/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date