2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2009
Secretary of State

DOCUMENT# N00000007700

Entity Name: IACOVELLI FAMILY FOUNDATION, INC.

Current Principal Place of Business:

46 STAR ISLAND
MIAMI BEACH, FL 33139

New Principal Place of Business:

46 STAR ISLAND
MIAMI BEACH, FL 33139 US

Current Mailing Address:

46 STAR ISLAND
MIAMI BEACH, FL 33139

New Mailing Address:

46 STAR ISLAND
MIAMI BEACH, FL 33139 US

FEI Number: 65-1059824 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

B & C CORPORATE SERVICES, INC.
ONE BISCAYNE TOWER, 21ST FL
2 SOUTH BISCAYNE BLVD
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

MIAMI CENTER REGISTERED AGENTS, LLC
201 . BISCAYNE BOULEVARD
SUITE 1700
MIAMI, FL 33131 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: DALE S. BERGMAN 02/02/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: IACOVELLI, MARC
Address: 5255 NW 159TH STREET
City-St-Zip: MIAMI, FL 33014

Title: D ( ) Delete
Name: IACOVELLI, CAROL
Address: 5255 NW 159TH STREET
City-St-Zip: MIAMI, FL 33014

Title: D ( ) Delete
Name: PRESTON, RICHARD
Address: 666 71ST STREET
City-St-Zip: MIAMI BEACH, FL 33141

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:

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: MARC IACOVELLI D 02/02/2009
Electronic Signature of Signing Officer or Director Date