2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2005
Secretary of State

DOCUMENT# N00000008165

Entity Name: GARCIA-LARRIEU CHARITABLE FOUNDATION CORPORATION

Current Principal Place of Business:

10380 SW 115 ST
MIAMI, FL 33176

New Principal Place of Business:

Current Mailing Address:

10380 SW 115 ST
MIAMI, FL 33176

New Mailing Address:

FEI Number: 65-1064513 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GARCIA-LARRIEV, JOABVIN
10380 SW 115 ST
MIAMI, FL 33176 US

Name and Address of New Registered Agent:

GARCIA-LARRIEU, JOAQUIN
10380 SW 115 ST
MIAMI, FL 33176 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: JOAQUIN GARCIA-LARRIEU 02/11/2005
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: GARCIA- LARRIEN, JOAQUIN
Address: 10380 SW 115 ST
City-St-Zip: MIAMI, FL 33176

Title: VPD ( ) Delete
Name: GARCIA-LARRIEN, MARIA
Address: 10380 SW 115 ST
City-St-Zip: MIAMI, FL 33176

Title: D ( ) Delete
Name: GARCIA-LARRIEU, JOAQUIN JR.
Address: 11483 SW 109 ROAD #6
City-St-Zip: MIAMI, FL 33176

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: GARCIA- LARRIEU, JOAQUIN
Address: 10380 SW 115 ST
City-St-Zip: MIAMI, FL 33176

Title: VPD (X) Change ( ) Addition
Name: GARCIA-LARRIEU, MARIA
Address: 10380 SW 115 ST
City-St-Zip: MIAMI, FL 33176

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 Section 119.07(3)(i), 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: JOAQUIN GARCIA-LARRIEU PD 02/11/2005
Electronic Signature of Signing Officer or Director Date