2008 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT DOCUMENT # N00000008405 1. Entity Name DI PAULI FAMILY FOUNDATION, INC. Principal Place of Business Mailing Address 9500 DADELAND BLVD. #603 P 0 BOX 565115

FILED Jul 17, 2008 08:00 AM Secretary of State



DO NOT WRITE IN THIS SPACE

MIAMI, FL 33256-5115

07152008 No Chg-NP CR2E037 (4/06) 4. FEI Number Applied For Not Applicab 65-1066232

\$8.75 Additional 5. Certificate of Status Desired Fee Required

6. Name and Address of Current Registered Agent

DI PAULI, ROBERT V 9500 S DADELAND BLVD. #603 MIAMI, FL. 33156

MIAMI, FL 33156

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8. The above the obligat	named entity submits this statement for the plans of registered agent.	ourpose of changing its registered of	fice or I	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and acce	
SIGNATURE.	Signature, typed or printed name of registered agent and title	if applicable. (NOTE: Registered Ager	t signatur	required when reinstating)	DATE	
D	Filling Fee is \$61.25 ue by September 12, 2008	Election Campaign Financing Trust Fund Contribution.		\$5.00 May Be.	000000955367 /17/08-80002-006 61.25	
10.	OFFICERS AND DIREC	CTORS			L _ , , , , , , , , , , , , , , , , , ,	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DI PAULI, ROBERT V 9500 S DADELAND BLVD 603 MIAMI, FL 33156					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DI PAULI, NEREIDA J 9500 SA DADELAND BLVD 603 MIAMI, FL 33156					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D J. MICHELLE DI PAULI KELLY 9500 S DADELAND BLVD 603 MIAMI, FL 33156			DO NOT WRITE IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
NAME STREET ADDRESS CITY-ST-7IP						

12. I hereby certify that the information sypplied with this filing does not qualify for the exemptions contained 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 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 of trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 i changed, or on an attachment with an address, with all priver like empowered.