


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 02, 2005 08:00 AM
Secretary of State

| | | | | | |
|---|--------------------------------------|---|--|---|----------|
| DOCUMENT # N00000008496 | | | |  | |
| 1. Entity Name GLORIA M. SILVERIO FOUNDATION, INCORPORATED | | | | | |
| Principal Place of Business 6801 NW 77TH AVE., STE. 404 MIAMI FL 33166 | | | Mailing Address 6801 NW 77TH AVE., STE. 404 MIAMI FL 33166 | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | 4. FEI Number 65-1075409 | |
| Zip | Country | Zip | Country | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | |
| SILVERIO, NICHOLAS E 6801 NW 77TH AVE., STE. 404 MIAMI FL 33166 | | | Name | | |
| | | | Street Address (P.O. Box Number is Not Acceptable) | | |
| | | | City | FL | Zip Code |
| 8. 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. I am familiar with, and accept the obligations of registered agent. | | | | | |
| SIGNATURE <i>NICHOLAS E. SILVERIO</i> | | SIGNATURE <i>Nicholas E. Silverio</i> | | DATE <i>1-30-05</i> | |
| FILE NOW: FEE IS \$61.25 Due By May 1, 2005 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | Make Check Payable to Florida Department of State | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE | D/PT <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | SILVERIO, NICK E | NAME | | | |
| STREET ADDRESS | 6801 NW 77TH AVE., STE. 404 | STREET ADDRESS | | | |
| CITY - ST - ZIP | MIAMI FL 33166 | CITY - ST - ZIP | | | |
| TITLE | D/V <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | BOOTH, MARTHA | NAME | | | |
| STREET ADDRESS | 6801 NW 77TH AVE., STE. 404 | STREET ADDRESS | | | |
| CITY - ST - ZIP | MIAMI FL 33166 | CITY - ST - ZIP | | | |
| TITLE | D/V <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | MORALES, CLARITA | NAME | | | |
| STREET ADDRESS | 6801 NW 77TH AVE., STE. 404 | STREET ADDRESS | | | |
| CITY - ST - ZIP | MIAMI FL 33166 | CITY - ST - ZIP | | | |
| TITLE | D/V <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | WRONECKI, DOREEN | NAME | | | |
| STREET ADDRESS | 6801 NW 77TH AVE., STE. 404 | STREET ADDRESS | | | |
| CITY - ST - ZIP | MIAMI FL 33166 | CITY - ST - ZIP | | | |
| TITLE | D/S <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | AESCHLEMAN, ANA | NAME | | | |
| STREET ADDRESS | 6801 NW 77TH AVE., STE. 404 | STREET ADDRESS | | | |
| CITY - ST - ZIP | MIAMI FL 33166 | CITY - ST - ZIP | | | |
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| NAME | | NAME | | | |
| STREET ADDRESS | | STREET ADDRESS | | | |
| CITY - ST - ZIP | | CITY - ST - ZIP | | | |



1st MOORE CR2E037 (10/04)

4. FEI Number **65-1075409** Applied For Not Applicable

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

**FILE NOW: FEE IS \$61.25
Due By May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

**Make Check Payable to
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U00000211786
02/02/05-80130-025 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Nicholas E. Silverio* *1-30-05* *305/882-1304, EXT. 101*