

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

**FILED**  
**Mar 17, 2005 08:00 AM**  
**Secretary of State**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                      |                                                                                 |                                                                      |                                                                                                                                                                         |                                                                   |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------|---------------------------------------------------------------------------------|----------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|
| <b>DOCUMENT # N01000000735</b><br>1. Entity Name<br><b>FUNDACION LA GRACIA, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                      |                                                                                 |                                                                      |                                                                                        |                                                                   |
| Principal Place of Business<br><b>5601 FORREST STREET<br/>HOLLYWOOD FL 33021</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                      |                                                                                 | Mailing Address<br><b>5601 FORREST STREET<br/>HOLLYWOOD FL 33021</b> |                                                                                                                                                                         |                                                                   |
| 2. Principal Place of Business<br>Suite, Apt #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                      |                                                                                 | 3. Mailing Address<br>Suite, Apt #, etc.                             |                                                                                                                                                                         |                                                                   |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                      |                                                                                 | City & State                                                         |                                                                                                                                                                         |                                                                   |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                      | Country                                                                         |                                                                      | Zip                                                                                                                                                                     |                                                                   |
| Country                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                      | Country                                                                         |                                                                      | 4. FEI Number<br><b>04-3688912</b>                                                                                                                                      |                                                                   |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                      |                                                                                 |                                                                      | <b>\$8.75</b> Additional Fee Required                                                                                                                                   |                                                                   |
| 6. Name and Address of Current Registered Agent<br><br><b>GALINDO, JUAN C<br/>5601 FORREST STREET<br/>HOLLYWOOD FL 33021</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                      |                                                                                 |                                                                      | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <span style="float: right;"><b>FL</b></span> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                      |                                                                                 |                                                                      |                                                                                                                                                                         |                                                                   |
| <b>FILE NOW: FEE IS \$61.25<br/>Due By May 1, 2005</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                      | 9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> |                                                                      | <b>\$5.00</b> May Be Added to Fees                                                                                                                                      |                                                                   |
| <b>Make Check Payable to Florida Department of State</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                      |                                                                                 |                                                                      |                                                                                                                                                                         |                                                                   |
| <b>10. OFFICERS AND DIRECTORS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                      |                                                                                 | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>         |                                                                                                                                                                         |                                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | PD<br>MALGARET, JUAN P<br>172 S.W. 58 AVENUE<br>PLANTATION FL 33317  | <input type="checkbox"/> Delete                                                 |                                                                      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | VD<br>LEIVA, OSCAR<br>1301 N.W. 65 TERRACE<br>HOLLYWOOD FL 33024     | <input type="checkbox"/> Delete                                                 |                                                                      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | SD<br>GALINDO, JUAN C<br>5601 FORREST STREET<br>HOLLYWOOD FL 33021   | <input type="checkbox"/> Delete                                                 |                                                                      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | D<br>RODRIGUEZ, DIANA<br>2789 SW 47TH ST<br>FORT LAUDERDALE FL 33312 | <input type="checkbox"/> Delete                                                 |                                                                      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <input type="checkbox"/> Delete                                      | <input type="checkbox"/> Delete                                                 |                                                                      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <input type="checkbox"/> Delete                                      | <input type="checkbox"/> Delete                                                 |                                                                      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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 |                                                                      |                                                                                 |                                                                      |                                                                                                                                                                         |                                                                   |
| <b>SIGNATURE: Juan C. Galindo</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                      |                                                                                 |                                                                      | <b>03-09-05</b>                                                                                                                                                         |                                                                   |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                      |                                                                                 |                                                                      | Date                                                                                                                                                                    |                                                                   |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                      |                                                                                 |                                                                      | Daytime Phone if                                                                                                                                                        |                                                                   |