

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2007 08:00 A
Secretary of State

DOCUMENT # N01000005186

1. Entity Name

GOOD SPEED FOUNDATION, INC.



Principal Place of Business

**205 NW 58TH COURT
MIAMI, FL 33126**

Mailing Address

**205 NW 58TH COURT
MIAMI, FL 33126**



04242007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number

33-1002946

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**GARCIA, RAFAEL
205 NW 58TH COURT
MIAMI, FL 33126**

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IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME GARCIA, RAFAEL
STREET ADDRESS 500 NW 109 AVE. #1
CITY-ST-ZIP MIAMI, FL 33172

TITLE VD
NAME QUINTERO, DAVID
STREET ADDRESS 15985 SW 140TH ST
CITY-ST-ZIP MIAMI, FL

TITLE SD
NAME SOSA, ANGEL
STREET ADDRESS 2930 SW 96TH AVE
CITY-ST-ZIP MIAMI, FL 33165

TITLE T
NAME ALONSO RIVERO, JOSE
STREET ADDRESS 4225 61ST AVE E
CITY-ST-ZIP VERO BEACH, FL 32967

TITLE S
NAME GARCIA, PAMELA
STREET ADDRESS 205 NW 58TH COURT
CITY-ST-ZIP MIAMI, FL 33126

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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05/17/07-80049-004 70.00

12. I hereby certify that the information supplied 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 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

042707

786 556 4436