

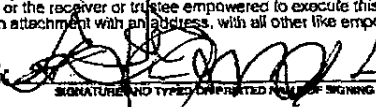
Apr 29 05 12:11p

5619898870

FILED^{P. 5}

May 05, 2005 08:00 AM
Secretary of State

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # N02000003646			
1. Entity Name DR. LUCIA LORENZO FOUNDATION, INC.			
Principal Place of Business 9321 SOUTHWEST 100TH AVENUE ROAD MIAMI, FL 33165		Mailing Address POST OFFICE BOX 141307 MIAMI, FL 33134	
DO NOT WRITE IN THIS SPACE			
		04292005 No Chg-NP CR2E037 (10/03)	
		4. FEI Number 03-0442198	Applied For Not Applicable
		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LORENZO, LUIS 218 SANTILLANE AVE. STE. #1 CORAL GABLES, FL 33134		DO NOT WRITE 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 releasing) DATE _____			
Filing Fee is \$81.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE	PTD		
NAME	LORENZO, ENID		
STREET ADDRESS	9321 SOUTHWEST 100TH AVENUE ROAD		
CITY-STATE-ZIP	MIAMI, FL 33165		
TITLE	SVD		
NAME	BRITO, BEATRIZ		
STREET ADDRESS	9321 SOUTHWEST 100TH AVENUE ROAD		
CITY-STATE-ZIP	MIAMI, FL 33165		
TITLE	D		
NAME	LORENZO, LUIS		
STREET ADDRESS	9321 SOUTHWEST 100TH AVENUE ROAD		
CITY-STATE-ZIP	MIAMI, FL 33165		
TITLE			
NAME			
STREET ADDRESS			
CITY-STATE-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-STATE-ZIP			
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: 		LUIS LORENZO 4-26-05/305) 476 0776	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

U00000363057
05/05/05-80142-017 61.25

**DO NOT WRITE
IN THIS SPACE**