

**FILED**  
**May 08, 2006 8:00 am**  
**Secretary of State**

05-08-2006 90281 039 \*\*\*\*61.25

**2006 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

40007000



DO NOT WRITE IN THIS SPACE

04262006 No Chg-NP

CR2E037 (11/05)

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 33134DO 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 reinstating)

DATE

Filing Fee is \$61.25  
 Due by May 1, 20069. 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-ST-ZIP	MIAMI, FL 33165
TITLE	SVD
NAME	BRITO, BEATRIZ
STREET ADDRESS	9321 SOUTHWEST 100TH AVENUE ROAD
CITY-ST-ZIP	MIAMI, FL 33165
TITLE	D
NAME	LORENZO, LUIS
STREET ADDRESS	9321 SOUTHWEST 100TH AVENUE ROAD
CITY-ST-ZIP	MIAMI, FL 33165
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE  
 IN THIS SPACE

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 #

*Handwritten signature: LUIS LORENZO*  
*Handwritten date: 4/23/06*  
*Handwritten phone number: 305 567 8048*