


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

FILED
May 01, 2007 08:00 A
Secretary of State

DOCUMENT # N02000003646 1. Entity Name DR. LUCIA LORENZO FOUNDATION, INC.	
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Principal Place of Business 9321 SOUTHWEST 100TH AVENUE ROAD MIAMI, FL 33165	Mailing Address POST OFFICE BOX 141307 MIAMI, FL 33134
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DO NOT WRITE IN THIS SPACE



04152007 No Chg-NP CR2E037 (4/06)

4. FEI Number 03-0442198	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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 _____ (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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD LORENZO, ENID 9321 SOUTHWEST 100TH AVENUE ROAD MIAMI, FL 33165
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVD BRITO, BEATRIZ 9321 SOUTHWEST 100TH AVENUE ROAD MIAMI, FL 33165
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LORENZO, LUIS 9321 SOUTHWEST 100TH AVENUE ROAD MIAMI, FL 33165
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05/21/07-80016-023 61.25

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:  **Luis Lorenzo** **4/26/07**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #