

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000004506

FILED  
Jan 07, 2005  
Secretary of State

**Entity Name:** DOMINGO LIOTTA INTERNATIONAL FOUNDATION, MEDICAL, CORP.

**Current Principal Place of Business:**

1700 NE 191 STREET  
305  
NORTH MIAMI, FL 33179

**New Principal Place of Business:**

**Current Mailing Address:**

1700 NE 191 STREET  
305  
NORTH MIAMI, FL 33179

**New Mailing Address:**

**FEI Number:** 16-1620715

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LIOTTA, CARLOS  
1700 NE 191 STREET  
305  
NORTH MIAMI, FL 33179 US

**Name and Address of New Registered Agent:**

LIOTTA, CARLOS A  
1700 NE 191 STREET  
305  
NORTH MIAMI, FL 33179 US

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.

SIGNATURE: CARLOS LIOTTA

01/07/2005

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PSD ( ) Delete  
Name: LIOTTA, CARLOS A  
Address: 1700 NE 191 ST  
City-St-Zip: NORTH MIAMI, FL 33179

Title: VTD ( ) Delete  
Name: LIOTTA, DOMINGO SANTO  
Address: 1700 NE 191 STREET  
City-St-Zip: NORTH MIAMI, FL 33179

Title: D ( ) Delete  
Name: LIOTTA, DOMINGO JR  
Address: 1700 NE 191 STREET  
City-St-Zip: NORTH MIAMI, FL 33179

Title: D ( ) Delete  
Name: TRONCOSO, OLGA E  
Address: 1700 NE 191 STREET  
City-St-Zip: NORTH MIAMI, FL 33179

Title: D ( ) Delete  
Name: MARTINGANO, ROBERTO O  
Address: 1700 NE 191 STREET  
City-St-Zip: NORTH MIAMI, FL 33179

Title: D ( ) Delete  
Name: LIOTTA, MARIA OLGA  
Address: 1700 NE 191 STREET  
City-St-Zip: NORTH MIAMI, FL 33179

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CARLOS LIOTTA

PSD

01/07/2005

Electronic Signature of Signing Officer or Director

Date