


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 09, 2006 8:00 am
Secretary of State

03-09-2006 90370 001 *****8.75
03-09-2006 90370 002 *****5.00
03-09-2006 90370 003 *****61.25

DOCUMENT # N02000006894	
1. Entity Name SEVERO SARDUY CULTUAL FOUNDATION, CORP.	

Principal Place of Business 811 S.W. 40TH AVE MIAMI, FL 33134	Mailing Address P.O. BOX 141791 CORAL GABLES, FL 33114
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DO NOT WRITE IN THIS SPACE



02252006 No Chg-NP CR2E037 (11/05)

4. FEI Number 54-2072068	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent SARDUY, MERCEDES 809 S.W. 40TH AVE. MIAMI, FL 33134

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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]* (NOTE: Registered Agent signature required when reinstating) DATE: _____

Filing Fee is \$61.25 Due by May 1, 2006	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	P SARDUY, MERCEDES I 811 S.W. 40TH AVE MIAMI, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT BETANCOURT, PEDRO D 811 S.W. 40TH AVE MIAMI, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BETANCOURT, MAITREYA 811 S.W. 40TH AVE MIAMI, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BETANCOURT, PEDRO 811 S.W. 40TH AVE MIAMI, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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]* **02-25-2006** **(305) 442 81 88**

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