


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2007 8:00 am
Secretary of State

03-21-2007 90058 001 ****61.25
03-21-2007 90058 002 *****8.75
03-21-2007 90058 003 *****5.00

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

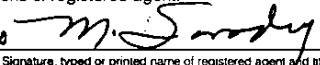


03102007 No Chg-NP CR2E037 (4/06)

4. FEI Number 54-2072068	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" 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 	DATE 03-09-2007
(NOTE: Registered Agent signature required when reinstating)	

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input checked="" 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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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: 	DATE 03-09-2007
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	