

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000007101

FILED  
Jan 24, 2007  
Secretary of State

**Entity Name:** ISABEL DEL CALVO MEMORIAL SCHOLARSHIP FUND, INC.

**Current Principal Place of Business:**

3225 SW 96 AVE  
MIAMI, FL 33165

**New Principal Place of Business:**

**Current Mailing Address:**

3225 SW 96 AVE  
MIAMI, FL 33165

**New Mailing Address:**

**FEI Number:** 11-3653411

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

DEL CALVO, TERI  
3225 SW 96 AVE  
MIAMI, FL 33165 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: DEL CALVO, TERI  
Address: 3225 SW 96 AVE  
City-St-Zip: MIAMI, FL 33165

Title: SD ( ) Delete  
Name: BABEITO-LOVETT, MARIA  
Address: 7720 S.W. 78TH STREET  
City-St-Zip: MIAMI, FL 33143

Title: T ( ) Delete  
Name: DEL CALVO, TERESITA  
Address: 3225 S.W. 96 AVE.  
City-St-Zip: MIAMI, FL 33165

**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:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: TERI DEL CALVO

PD

01/24/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date