2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 09, 2008 8:00 am
Secretary of State
09-09-2008 90002 035 ****61.25

DOCUMENT # N02000007265

1. Entity Name
JORGE POSADA FOUNDATION, INC.

Principal Place of Business	Mailing Address
123 S.E. 3RD AVE STE 243 MIAMI, FL 33131	123 S.E. 3RD AVE STE 243 MIAMI, FL 33131

05142008 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 05-0569457 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
POSADA, JORGE 123 SE 3RD AVE 243 MIAMI, FL 33131	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by September 12, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DE POSADA, JORGE 301 E 94TH STREET #30 C NEW YORK, NY 10028	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP POSADA, JORGE 301 E. 94th Street #30C New York, New York 10028	XX Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DE POSADA, LAURA 301 E 94TH STREET #30 C NEW YORK, NY 10028	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVP POSADA, LAURA 301 E. 94th Street, #30C New York, New York 10028	XX Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D COLLAR, J.C. 1001 Brickell Bay Drive, Suite 1710 Miami, Florida 33131	☐ Change XX Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MENDEZ, JANE One Boston Medical Center Place Boston, Massachusetts 02118	☐ Change XX Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FERRER, NATALIA 1001 Brickell Bay Drive, Suite 1710 Miami, Florida 33131	☐ Change XX Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D COLLAR, GYPSIS L. 1001 Brickell Bay Drive, Suite 1710 Miami, Florida 33131	☐ Change XX Addition

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: _____ 6/18/08 (305)403-7880
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #