

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000007265

FILED
Mar 03, 2009
Secretary of State

Entity Name: JORGE POSADA FOUNDATION, INC.

Current Principal Place of Business:

123 S.E. 3RD AVE STE 243
MIAMI, FL 33131

New Principal Place of Business:

1001 BRICKELL BAY DRIVE
SUITE 1710
MIAMI, FL 33131

Current Mailing Address:

123 S.E. 3RD AVE STE 243
MIAMI, FL 33131

New Mailing Address:

1001 BRICKELL BAY DRIVE
SUITE 1710
MIAMI, FL 33131

FEI Number: 05-0569457

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

POSADA, JORGE
123 SE 3RD AVE
243
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

POSADA, JORGE
1001 BRICKELL BAY DRIVE
SUITE 1710
MIAMI, FL 33131 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:

03/03/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: POSADA, JORGE
Address: 301 E 94TH STREET #30 C
City-St-Zip: NEW YORK, NY 10028

Title: DVP () Delete
Name: POSADA, LAURA
Address: 301 E 94TH STREET #30 C
City-St-Zip: NEW YORK, NY 10028

Title: D () Delete
Name: COLLAR, J.C.
Address: 1001 BRICKELL BAY DRIVE, STE 1710
City-St-Zip: MIAMI, FL 33131

Title: D () Delete
Name: MENDEZ, JANE
Address: ONE BOSTON MEDICAL CENTER PLACE
City-St-Zip: BOSTON, MA 02118

Title: D () Delete
Name: FERRER, NATALIA
Address: 1001 BRICKELL BAY DRIVE, STE 1710
City-St-Zip: MIAMI, FL 33131

Title: D () Delete
Name: COLLAR, GYPSIS L
Address: 1001 BRICKELL BAY DRIVE, STE 1710
City-St-Zip: MIAMI, FL 33131

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 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: JORGE DE POSADA

P

03/03/2009

Electronic Signature of Signing Officer or Director

Date