

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N03000000451 1. Entity Name SALUDARTE FOUNDATION, INC.					
Principal Place of Business 2200 S. DIXIE HWY., SUITE 603 MIAMI, FL 33133			Mailing Address 2200 S. DIXIE HWY., SUITE 603 MIAMI, FL 33133		
2. Principal Place of Business 2333 Brickell Avenue Suite, Apt. #, etc. Suite 1614 City & State Miami, FL		3. Mailing Address 2333 Brickell Avenue Suite, Apt. #, etc. Suite 1614 City & State Miami, FL		03132006 Chg-NP CR2E037 (11/05)	
Zip 33129		Country US		4. FEI Number 42-1572986	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent CASTILLO, ALVARO B ESQ. 1390 BRICKELL AVE., SUITE 200 MIAMI, FL 33131				7. Name and Address of New Registered Agent 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 3-16-06 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing) DATE					
Filing Fee is \$61.25 Due by May 1, 2006		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	PD DE BRILLEMBOURG, ADELAIDA C 2200 S. DIXIE HWY., SUITE 603 MIAMI, FL 33133		☐ Delete	TITLE P/D NAME STREET ADDRESS CITY - ST - ZIP	Adelaida C. De Brillembourg 2333 Brickell Avenue, Suite 1614 Miami, FL 33129
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD FORTUM, SILVIA 2200 S. DIXIE HWY., SUITE 603 MIAMI, FL 33133		☒ Delete	TITLE D NAME STREET ADDRESS CITY - ST - ZIP	Manuel de la Torriente 2333 Brickell Avenue, Suite 1614 Miami, FL 33129
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD KEELER, JOHN 2200 S. DIXIE HWY., SUITE 603 MIAMI, FL 33133		☐ Delete	TITLE T/D NAME STREET ADDRESS CITY - ST - ZIP	John Keeler 2333 Brickell Avenue, Suite 1614 Miami, FL 33129
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD PINEDA, PAMELA 2200 S. DIXIE HWY., SUITE 603 MIAMI, FL 33133		☒ Delete	TITLE D NAME STREET ADDRESS CITY - ST - ZIP	Ana Boschetti 2333 Brickell Avenue, Suite 1614 Miami, FL 33129
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D RANGEL, BEATRIZ 2200 S. DIXIE HWY., SUITE 603 MIAMI, FL 33133		☒ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FERNANDEZ, ELKE 2200 S. DIXIE HWY., SUITE 603 MIAMI, FL 33133		☐ Delete	TITLE D NAME STREET ADDRESS CITY - ST - ZIP	Elke Fernandez 2333 Brickell Avenue, Suite 1614 Miami, FL 33129
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: 3/15/06 (305) 285-1211 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 MAR 17 PH 1:00



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Charter Number Only

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3-16-05 Heath

Alvaro Castillo

Requestor's Name

1390 Bickell Avenue #200

Address

Miami, FL 33131

City

State

ZIP

Phone

305-371-5540B.

CORPORATION(S) NAME

Saludarte Foundation, Inc.

No 3000000451



Empire Toll Free: 1-800-432-3028

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|--|---|---|
| ☐ Profit | ☐ Amendment | ☐ Merger |
| ☐ NonProfit | ☐ Dissolution | ☐ Mark |
| ☐ Foreign | ☒ Annual Report | ☐ Other |
| ☐ Limited Partnership | ☐ Reservation | ☐ Change of Registered Agent |
| ☐ Reinstatement | ☐ Photo Copies | ☐ Certificate Under Seal |
| ☐ Certified Copy | ☐ Call When Ready | ☐ Call If Problem |
| ☒ Walk In | ☐ Will Wait | ☒ Pick Up |
| | | ☐ After 4:30 |
| | | ☐ Mail Out |

Name
Availability
Document
Examiner
Updater
Verifier
Acknowledgment
W.P. Verifier