

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2007 8:00 am
Secretary of State

01-31-2007 90046 017 ****70.00

40007510




01102007 Chg-NP CR2E037 (12/06)

DOCUMENT # N03000000451 1. Entity Name SALUDARTE FOUNDATION, INC.					
Principal Place of Business 2333 BRICKELL AVENUE SUITE #1614 MIAMI, FL 33129			Mailing Address 2333 BRICKELL AVENUE SUITE #1614 MIAMI, FL 33129		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country			
4. FEI Number 42-1572986				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$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 <input checked="" type="checkbox"/> _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 BRILLEMBOURG, ADELAIDA C 2333 BRICKELL AVENUE, SUITE 1614 MIAMI, FL 33129	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NICOLAS ACQUAVELLA 2200 SO. DIXIE HWY. #603 MIAMI, FL 33133	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TORRIENTE, MANUEL DE LA 2333 BRICKELL AVENUE, SUITE 1614 MIAMI, FL 33129	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JORGE SAUCHEZ 2200 SO. DIXIE HWY #603 MIAMI, FL 33133	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KEELER, JOHN 2333 BRICKELL AVENUE, SUITE 1614 MIAMI, FL 33129	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DIEGO ARRIA 2200 SO. DIXIE HWY. #603 MIAMI, FL 33133	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MIGUEL ANGEL CAPRILES 2200 SO. DIXIE HWY #603 MIAMI, FL 33133	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MIGUEL SIERRALTA 2200 SO. DIXIE HWY. #603 MIAMI, FL 33133	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FERNANDEZ, ELKE 2333 BRICKELL AVENUE, SUITE 1614 MIAMI, FL 33129	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CANDIDO VIELLA 2200 SO. DIXIE HWY #603 MIAMI, FL 33133	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARLOS ACOSTA 2200 SO. DIXIE HWY #603 MIAMI, FL 33133	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ZINEVA HERRERIA 2200 SO. DIXIE HWY #603 MIAMI, FL 33133	<input type="checkbox"/> Change <input type="checkbox"/> 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			ADELAIDA BRILLEMBOURG 1/25/07 (305) 285-1211 <small>Date Daytime Phone #</small>		

ATTACHMENT

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # <u>N03000000451</u>					
1. Entity Name SALUDARTE FOUNDATION, INC.					
Principal Place of Business 2333 BRICKELL AVENUE SUITE #1614 MIAMI, FL 33129			Mailing Address 2333 BRICKELL AVENUE SUITE #1614 MIAMI, FL 33129		
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 42-1572986				Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				01222007 Chg-NP CR2E037 (12/06)	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CASTILLO, ALVARO B ESQ. 1390 BRICKELL AVE., SUITE 200 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 RENE BRILLEMBOURG 2200 SO. DIXIE HIGHWAY #603 MIAMI, FL 33133 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NOVI DE STEIN 2200 SO. DIXIE HIGHWAY #603 MIAMI, FL 33133 <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TERLA C. DE NOGUA 2200 SO. DIXIE HIGHWAY #603 MIAMI, FL 33133 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CESAR SEGUNDI 2200 SO. DIXIE HIGHWAY #603 MIAMI, FL 33133 <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAVID BRILLEMBOURG 2200 S DIXIE HIGHWAY #603 MIAMI, FL 33133 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ZULAY SEGUNDI 2200 SO. DIXIE HIGHWAY #603 MIAMI, FL 33133 <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GARY VADER 2200 SO. DIXIE HIGHWAY #603 MIAMI, FL 33133 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JUAN ANTONIO MICHELENA 2200 SO. DIXIE HIGHWAY #603 MIAMI, FL 33133 <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALVARO CASTILLO 2200 SO. DIXIE HIGHWAY #603 MIAMI, FL 33133 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GIORGIO BALL 2200 SO. DIXIE HIGHWAY #603 MIAMI, FL 33133 <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AXEL STEIN 2200 SO. DIXIE HIGHWAY #603 MIAMI, FL 33133 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EUGENIO MASCOWSKI 2200 SO. DIXIE HIGHWAY #603 MIAMI, FL 33133 <input type="checkbox"/> Change <input type="checkbox"/> Addition		
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SIGNATURE: _____ ADELAIDA BRILLEMBOURG 1/25/07 (305) 285-1211					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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DOCUMENT # N03000000451

1. Entity Name
SALUDARTE FOUNDATION, INC.



Principal Place of Business
2333 BRICKELL AVENUE
SUITE #1614
MIAMI, FL 33129

Mailing Address
2333 BRICKELL AVENUE
SUITE #1614
MIAMI, FL 33129

40007510



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

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City & State

City & State

4. FEI Number
42-1572986

Applied For
Not Applicable

Zip

Country

Zip

Country

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

CASTILLO, ALVARO B ESQ.
1390 BRICKELL AVE., SUITE 200
MIAMI, FL 33131

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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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 May 1, 2007

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 ☐ Delete
NAME ANA GAZARIAN
STREET ADDRESS 2200 SO. DIXIE HIGHWAY
CITY-ST-ZIP MIAMI, FL 33133

TITLE ☐ Change ☐ Addition
NAME ESTEBAN FERNANDEZ
STREET ADDRESS 2200 SO. DIXIE HIGHWAY #603
CITY-ST-ZIP MIAMI, FL 33133

TITLE ☐ Delete
NAME PAULA BRILLENBOURG C.
STREET ADDRESS 2200 SO. DIXIE HIGHWAY
CITY-ST-ZIP MIAMI, FL 33133

TITLE ☐ Change ☐ Addition
NAME MIGUEL ANGEL GARCIA
STREET ADDRESS 2200 SO. DIXIE HIGHWAY #603
CITY-ST-ZIP MIAMI, FL 33133

TITLE ☐ Delete
NAME MARTIN TREGO
STREET ADDRESS 2200 SO. DIXIE HIGHWAY #603
CITY-ST-ZIP MIAMI, FL 33133

TITLE ☐ Change ☐ Addition
NAME CARLOS SALAS
STREET ADDRESS 2200 SO. DIXIE HIGHWAY #603
CITY-ST-ZIP MIAMI, FL 33133

TITLE ☐ Delete
NAME TANYA BRILLENBOURG C.
STREET ADDRESS 2200 SO. DIXIE HIGHWAY
CITY-ST-ZIP MIAMI, FL 33133

TITLE ☐ Change ☐ Addition
NAME JUAN CARLOS FARIAS
STREET ADDRESS 2200 SO. DIXIE HIGHWAY
CITY-ST-ZIP MIAMI, FL 33133

TITLE ☐ Delete
NAME ADRIANA SANCHEZ
STREET ADDRESS 2200 SO. DIXIE HIGHWAY
CITY-ST-ZIP MIAMI, FL 33133

TITLE ☐ Change ☐ Addition
NAME ZHARIS ALEMAN
STREET ADDRESS 2200 SO. DIXIE HIGHWAY
CITY-ST-ZIP MIAMI, FL 33133

TITLE ☐ Delete
NAME ALVARO TAFUR
STREET ADDRESS 2200 SO. DIXIE HIGHWAY
CITY-ST-ZIP MIAMI, FL 33133

TITLE ☐ Change ☐ Addition
NAME FERNANDO VALVERDE
STREET ADDRESS 2200 SO. DIXIE HIGHWAY
CITY-ST-ZIP MIAMI, FL 33133

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ADELAIDA BRILLENBOURG


1/25/07 (305)285-1211

Date

Daytime Phone #

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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
J. JUSTO SAUCHEZ 2200 SO. DIXIE HIGHWAY MIAMI, FL 33133			
L. LESLIE PAUTIN 2200 SO. DIXIE HIGHWAY MIAMI, FL 33133			
L. LUIS VILLANUEVA 2200 SO. DIXIE HIGHWAY MIAMI, FL 33133			
E. EVELYN VILLANUEVA 2200 SO. DIXIE HIGHWAY MIAMI, FL 33133			
M. MAURO GROSSI 2200 SO. DIXIE HIGHWAY MIAMI, FL 33133			
F. FELIX ALTARAS 2200 SO. DIXIE HIGHWAY MIAMI, FL 33133			

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SIGNATURE: ADELAIN BRILLEMBOURG 1/25/07 (305) 285-1211

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #