## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **Secretary of State** DOCUMENT # N03000000451 01-31-2007 90046 017 \*\*\*\*70.00 SALUDARTE FOUNDATION, INC. Principal Place of Business Mailing Address 40007510 2333 BRICKELL AVENUE 2333 BRICKELL AVENUE SUITE #1614 SUITE #1614 MIAMI, FL 33129 MIAMI, FL 33129 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01102007 Cha-NP CR2E037 (12/06) City & State 4. FEI Number 42-1572986 City & State Applied For Not Applicable \$8,75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CASTILLO, ALVARO B ESQ. Street Address (P.O. Box Number is Not Acceptable) 1390 BRICKELL AVE., SUITE 200 MIAMI, FL 33131 City 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 X Signature, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) 9. Election Campaign Financing Make check payable to Filing Fee is \$61.25 \$5.00 May Be Trust Fund Contribution. Florida Department of State Due by May 1, 2007 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. ☐ Delete TITLE ☐ Change ☐ Addition VICOLAS ACQUAUEL BRILLEMBOÙRG, ADELAIDA C NAME NAME 2200 SO DIXIA HWY. STREET ADDRESS 2333 BRICKELL AVENUE SUITE 1614 STREET ADDRESS MIAMI CITY-ST-ZIP MIAMI, FL 33129 CITY-ST-7IP 33/33 ☐ Delete TITLE ☐ Change ☐ Addition TORRIENTE, MANUEL DE LA NAME NAME HORGE SAUCHER HWY #603 2333 BRICKELL AVENUE SUITE 1614 STREET ADDRESS STREET ADDRESS 3200 SO. Dixie MIAMI, CITY-ST-7(P MIAMI, FL 33129 CITY-ST-ZIP 33/33 TD TITLE ☐ Delete TITLE ☐ Change ☐ Addition DIEGO ARRIA KEELER, JOHN 2200 SO. DIXIE HWY. #603 STREET ADDRESS 2333 BRICKELL AVENUE SUITE 1614 STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33129 CITY-ST-ZIP 33/33 TITLE TITLE GUEL SIERRALTA ☐ Change ☐ Addition HIGUEL ANGEL CAPPILES NAME NAME SO DIXIB HWY #603 2200 So. DixiE HWY #603 STREET ADDRESS STREET ADDRESS PIAMI, FL 41A41, FL 33133 CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete ■ Addition FERNANDEZ, ELKE NAME NAME Sixie HYWAY#60) STREET ADDRESS 2333 BRICKELL AVENUE SUITE 1614 STREET ADDRESS

12. Thereby 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.

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

MIAMI, FL. 33129

RIAMI, FL

CARLOS ACOSTA LOGO SO. LIXIE hwy # 603

33133

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFI

Delete

WA HERREDIA

**FILED** Jan 31, 2007 8:00 am

DIXIE HIHEODAY#603

33/33

## **ATTACHMENT**

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: \_

SIGNATURE AND TYPED OR PROVIDED MAME OF SIGNING OFFICER OR DIRECTOR

	ANNUAL	REPURI								
	MENT(# N03000000	<b>4</b> 51								
1. Entity Name 3ALUDARTE FOUNDATION, INC.										
Principal Place 2333 BRICKE SUITE #1614 MIAMI, FL 33	LL AVENUE 1	Mailing Address 2333 BRICKELL AVENUE SUITE #1614 MIAMI, FL 33129			40007510					
Principal Place of Business - No P.O. Box #     3. Mailing Address										
Suite, Apt. #, etc.		Suite, Apt. #, etc.		0122	22007 Chg-NP	CR2E037 (	12/06)			
City & State		City & State			Number 2-1572986		Applied For Not Applicable			
Zip	Country	Zip	Country	5. Ce	rtificate of Status Des		.75 Additional Required			
	6. Name and Address of Current I	Registered Agent		7. Na	me and Address of	New Registered Age	nt			
04071110	ALVARO B ECO		Name				Ì			
	, ALVARO B ESQ. KELL AVE., SUITE 200 33131		Street A	Street Address (P.O. Box Number is Not Acceptable)						
			City			FL	Zip Code			
							19			
	named entity submits this statement for ions of registered agent.	the purpose of changing its re-	gistered office of	registered agei	it, or both, in the stat	e or Florida. 1 am tam	ililai witii, ano accept			
SIGNATURE -		ALOXT. D				O.W.	<u> </u>			
	Signature, typed or printed name of registered agent of	and life if applicable. (NOTE: Hi	egislered Agent signat	ure required when rein	stating)	DATE				
	Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campa Trust Fund Con		□ \$5.00 Added	May Be to Fees	Make check pa Florida Departme	-			
10.	OFFICERS AND DIF	RECTORS	11.	ADDITIO	NS/CHANGES TO C	OFFICERS AND DIREC	TORS IN 10			
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CITY-ST-ZIP	MIAMI, FL	33133	CITY-ST-ZIP	MAMI	, FL	<i>3</i> 3/33	·····			
indicated of the cor	sertify that the information supplied with on this report or supplemental report is poration or the receiver or trustee empor or on an attachment with an address, to	true and accurate and that my owered to execute this report as	signature shall h	lave the same le	gal effect as it made.	under oath; that I am	an officer or director			

2007 NOT-FOR-PROFIT CORPORATION

	. KEPORT							
DOCUMENT # N03000000  1. Entity Name SALUDARTE FOUNDATION, INC.	0451							
SALUBACIE FOUNDATION, INC.								
Principal Place of Business 2333 BRICKELL AVENUE SUITE #1614 MIAMI, FL 33129	Mailing Address 2333 BRICKELL AVENUE SUITE #1614 MIAMI, FL 33129		4000	40007510				
2. Principal Place of Business - No P.O. Box #	3. Mailing Address							
Suite, Apt. #, etc.	Suite, Apt. #, etc.		01222007 Chg-N	IP CR2E037 (12/06)				
City & State	City & State		4. FEI Number 42-1572986	Applied For Not Applicab				
Zip Country	Zip	Country	<u></u>	5. Certificate of Status Desired \$8.75 Additional Fee Required				
6. Name and Address of Current	Registered Agent	Nome	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 obligations of registered agent.	or the purpose of changing its re	egistered office or re	egistered agent, or both, in the	State of Florida. I am familiar with, and accep				
l sound to the state of the sta								
SIGNATURE								
Signature, typed or printed name of registered agent	t and title if applicable. (NOTE: F	Registered Agent signature	required when reinstating)	DATE				
	0.51		<b>A-</b>	Balan al a la constitue de				
Filing Fee is \$61.25	9. Election Camp Trust Fund Co		\$5.00 May Be Added to Fees	Make check payable to Florida Department of State				
Due by May 1, 2007								
10. OFFICERS AND DI		11.	ADDITIONS/CHANGES T	O OFFICERS AND DIRECTORS IN 10				
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TITLE  NAME  PAULA BRILLE  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  ADRIADA SANC  STREET ADDRESS  CITY-ST-ZIP  TITLE  ADRIADA SANC  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  SO. SIZE  STREET ADDRESS  STREET ADDRESS  SO. SIZE  STREET ADDRESS  STREET ADDRESS  STREET ADDRESS  SO. SIZE  STREET ADDRESS  S	Delete  Delete	CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS CITY-ST-ZIP  THE HE AMME  STREET ADDRESS CITY-ST-ZIP  THE STREET ADDRESS CITY-ST-ZIP  THE STREET ADDRESS CITY-ST-ZIP  THE STREET ADDRESS CITY-ST-ZIP	PIAM, FL  DIBUEL ANGE  2200 SO D  PIAMI, FL  D  CARLOS SALA  2200 SO D  PIAMI, FL  D  LAND CARLOS  CAR	33/33  Change   Addition   Additi				
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TANYA  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  ALUARO  TAFC  TITLE  12. I hereby certify that the information supplied with indicated on this report or supplemental report of the corporation or the receiver or trustee empty	Delete  Delete	CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  THE ADR	PIAM, FL  DIBUEL ANGE  2200 SO D  PIAMI, FL  D  CARLOS SALA  2200 SO D  PIAMI, FL  D  LAND CARLOS  CAR	33/33  Change   Addition   Additi				

ATTACHMENT 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

	ANNU	IAL REPORT								
DOCUMENT # N0300000451										
3ALUDARTE FOUNDATION, INC.										
Principal Place		Mailing Address	aic			11-1	\ \ \ \ \ \ \	-10		
2333 BRICKELL AVENUE 2333 BRICKELL AVENUE SUITE #1614 SUITE #1614			<b>V</b> UE			400	1075	$\mathcal{O}$		
MIAMI, FL 33	3129	MIAMI, FL 33129			}					
2. Principal Pl	face of Business - No P.O. Box	# 3. Mailing Address								
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			01222007 CI	ng-NP	CR2E03	37 (12/06)	
City & State		City & State				4. FEI Number 42-157298	6			pplied For at Applicable
Zip	Country	Zip	Co	untry		5. Certificate of St	atus Desired	4	\$8.75 Add	litional
	6. Name and Address of C	urrent Registered Agent			1	7, Name and Add	ress of New F	Registered /	Agent	
	, ALVARO B ESQ.			Name					· ·	
1390 BRIC MIAMI, FL	KELL AVE., SUITE 200 33131			Street Add	dress (F	P.O. Box Number is I	Vot Acceptabl	e) —————		
	0,5101									
				City				FL	Zip Cod	e
	named entity submits this stater	ment for the purpose of changing	ts register	ed office or re	egistere	ed agent, or both, in	the State of Fl	orida. I am	familiar with,	and accept
inc oongui	iono or registered agent.									
SIGNATURE _	Signature, based or original name of register	red agent and title if applicable (N	DTE: Benister	ed Agent signature	required	when reinstating)		DATE		
	Signature, typed or printed name of register			ed Agent signatura	required	when reinstating)		DATE		
	Filing Fee is \$61.25	9. Election C		inancing		\$5.00 May Be Added to Fees	1	lake checi	k payable t	
	Filing Fee is \$61.25 Due by May 1, 2007	9. Election C	ampaign f	inancing tion.		\$5.00 May Be	Flo	lake checi rida Depar	tment of S	tate
10. TITLE	Filing Fee is \$61.25 Due by May 1, 2007 OFFICERS A	9. Election C Trust Fund  WID DIRECTORS	ampaign f I Contribut	inancing tion.		\$5.00 May Be Added to Fees	Flo	lake checi rida Depar	tment of S	tate
10.	Filing Fee is \$61.25 Due by May 1, 2007 OFFICERS A	9. Election C Trust Fund AND DIRECTORS	ampaign fill Contribut	inancing tion.		\$5.00 May Be Added to Fees	Flo	lake checi rida Depar	tment of S	tate
10. TITLE NAME	Filing Fee is \$61.25 Due by May 1, 2007 OFFICERS A	9. Election C Trust Fund  WID DIRECTORS	ampaign fill Contribution 11.	Financing tion.		\$5.00 May Be Added to Fees	Flo	lake checi rida Depar	tment of S	tate
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Filing Fee is \$61.25 Due by May 1, 2007  OFFICERS A  D.  JUSTO SAL  B200 SO.  HIAHI, FL.	9. Election of Trust Fundant F	ampaign f I Contribut  11.  TEL NAM STR CIT	E E EET ADDRESS (-ST-ZIP E		\$5.00 May Be Added to Fees	Flo	lake checi rida Depar	tment of S	tate
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Filing Fee is \$61.25 Due by May 1, 2007  OFFICERS A  D. SAR  2200 SO. SAR  HIAHI, FL.  LESLIE  2200 SO. S.	9. Election of Trust Fundamental Trust Fundamental Delete Properties Highway 33133	ampaign fill Contribut	E E EET ADDRESS (-ST-ZIP E		\$5.00 May Be Added to Fees	Flo	lake checi rida Depar	tment of S RECTORS IN Change	tate 1 10 Addition
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Filing Fee is \$61.25 Due by May 1, 2007  OFFICERS A  D. OFFICERS A  2200 SO HIAMI, FL  DIAMI, FL	9. Election of Trust Fundamental Trust Fundamental Delete Dizie Hichard Paris Hichard	ampaign fill Contribution 111. TITL NAME STREET THE STR	E E E E E E E E E E E E E E E E E E E		\$5.00 May Be Added to Fees	Flo	lake checi rida Depar	THE CHANGE	Addition
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Filing Fee is \$61.25 Due by May 1, 2007  OFFICERS A  D.  OFFICERS A  D.  PLANTING SAR  PLANTING FLANTING FLANTI	9. Election of Trust Fundament of Fundamen	ampaign fill Contribution 111. TITL NAME STREET CONTRIBUTION STREET CONTRIBUTION CO	E E E E E E E E E E E E E E E E E E E		\$5.00 May Be Added to Fees	Flo	lake checi rida Depar	tment of S RECTORS IN Change	tate 1 10 Addition
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10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Filing Fee is \$61.25 Due by May 1, 2007  OFFICERS A  D. OFFICERS A	9. Election of Trust Fundamental Trust Fundamental Delete Dizie Hichard Delete Dizie Delete Dizie Hichard Delete Dizie Delete Delete Dizie Diz	ampaign fill Contribution 111. TITL NAME STREET CONTRIBUTION STREET CONTRIBUTION CO	E HE EET ADDRESS (-ST-ZIP E AE EET ADDRESS (-ST-ZIP E E EET ADDRESS (-ST-ZIP E E E E E E E E E E E E E E E E E E E		\$5.00 May Be Added to Fees	Flo	lake checi rida Depar	THE CHANGE	Addition
10.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Filing Fee is \$61.25 Due by May 1, 2007  OFFICERS A  D. STO SAR  \$200 SO.  HIAMI, FL  2200 SO.  AIGHI, FL  2200 SO.  AFIAMI, FL	9. Election of Trust Fundamental Delete  VCHEZ DIZIE HICHWAY  33133  PAUTIN Delete Delete Dizie HiCHWAY  33133  ANUEVA Delete	ampaign fill Contribution in the contribution	E EET ADDRESS (-ST-ZIP E E E E E E E E E E E E E E E E E E E		\$5.00 May Be Added to Fees	Flo	lake checi rida Depar	treent of S  RECTORS IN Change Change	Addition  Addition
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Filing Fee is \$61.25 Due by May 1, 2007  OFFICERS A  D. OFFICERS A	9. Election of Trust Fundamental Fundamental Police Process  1. Trust Fundamental Police	ampaign fill Contribution 111.  ITIL NAME STREET CONTRIBUTION CONTRIBU	E  E  E  E  E  E  E  E  E  E  E  E  E		\$5.00 May Be Added to Fees	Flo	lake checi rida Depar	treent of S  RECTORS IN Change Change Change	Addition  Addition  Addition
10.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Filing Fee is \$61.25 Due by May 1, 2007  OFFICERS A  JUSTO SAR  2200 SO. I  HIAMI, FL  2200 SO. I  NIAMI, FL  2200 SO. I  LUIS VILLE  2200 SO. D  HIAMI, FL  2200 SO. D  HIAMI, FL  2200 SO. D  HIAMI, FL	9. Election of Trust Fundamental Trust Fundamental Delete  VCHEZ DIZIE HICHORY  33/33  PAUTIN Delete DIAIE HICHORA  33/33  ANUEUA Delete DELET	ampaign fill Contribution of C	E HE EET ADDRESS (-ST-ZIP E EET ADDRESS (-ST-ZIP E EET ADDRESS (-ST-ZIP E EET ADDRESS (-ST-ZIP E		\$5.00 May Be Added to Fees	Flo	lake checi rida Depar	treent of S  RECTORS IN Change Change	Addition  Addition
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12. Thereby certify that the information supplied with this filling 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:

| SIGNATURE | SIGNATURE | SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Dafe | Daylime Phone #