

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000000451

FILED
Jul 08, 2008
Secretary of State

Entity Name: SALUDARTE FOUNDATION, INC.

Current Principal Place of Business:

2333 BRICKELL AVENUE
SUITE #1614
MIAMI, FL 33129

New Principal Place of Business:

2417 NORTH MIAMI AVENUE
MIAMI, FL 33134

Current Mailing Address:

2333 BRICKELL AVENUE
SUITE #1614
MIAMI, FL 33129

New Mailing Address:

2417 NORTH MIAMI AVENUE
MIAMI, FL 33134

FEI Number: 42-1572986 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BRILLEMBOURG, ADELAIDA C
Address: 2333 BRICKELL AVENUE, SUITE 1614
City-St-Zip: MIAMI, FL 33129

Title: D () Delete
Name: TORRIENTE, MANUEL DE LA
Address: 2333 BRICKELL AVENUE, SUITE 1614
City-St-Zip: MIAMI, FL 33129

Title: TD () Delete
Name: KEELER, JOHN
Address: 2333 BRICKELL AVENUE, SUITE 1614
City-St-Zip: MIAMI, FL 33129

Title: D () Delete
Name: CAPRILES, MIGUEL A
Address: 2200 S. DIXIE HWY., 603
City-St-Zip: MIAMI, FL 33133

Title: D () Delete
Name: FERNANDEZ, ELKE
Address: 2333 BRICKELL AVENUE, SUITE 1614
City-St-Zip: MIAMI, FL 33129

Title: D () Delete
Name: ACOSTA, CARLOS
Address: 2200 S DIXIE HWY., 603
City-St-Zip: MIAMI, FL 33133

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: BRILLEMBOURG, ADELAIDA C
Address: 2417 NORTH MIAMI AVENUE
City-St-Zip: MIAMI, FL 33134

Title: D (X) Change () Addition
Name: TORRIENTE, MANUEL DE LA
Address: 2417 NORTH MIAMI AVENUE
City-St-Zip: MIAMI, FL 33134

Title: TD (X) Change () Addition
Name: KEELER, JOHN
Address: 2417 NORTH MIAMI AVENUE
City-St-Zip: MIAMI, FL 33134

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: FERNANDEZ, ELKE
Address: 2417 NORTH MIAMI AVENUE
City-St-Zip: MIAMI, FL 33134

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: BRILLEMBOURG ADELAIDA C

PD

07/08/2008

Electronic Signature of Signing Officer or Director

_____ Date