2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2009
Secretary of State

DOCUMENT# N03000000451

Entity Name: SALUDARTE FOUNDATION, INC.

Current Principal Place of Business:

2417 NORTH MIAMI AVENUE
MIAMI, FL 33134

New Principal Place of Business:

Current Mailing Address:

2417 NORTH MIAMI AVENUE
MIAMI, FL 33134

New Mailing Address:

FEI Number: 42-1572986 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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: 2417 NORTH MIAMI AVENUE
City-St-Zip: MIAMI, FL 33134

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

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

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: 2417 NORTH MIAMI AVENUE
City-St-Zip: MIAMI, FL 33134

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: ( ) 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: BRILLEMBOURG ADELAIDA C PD 04/27/2009
Electronic Signature of Signing Officer or Director — Date