

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000000451

FILED
Jun 22, 2010
Secretary of State

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
Name: BRILLEMBOURG, ADELAIDA C
Address: 2417 NORTH MIAMI AVENUE
City-St-Zip: MIAMI, FL 33134

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

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

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

Title: D
Name: FERNANDEZ, ELKE
Address: 2417 NORTH MIAMI AVENUE
City-St-Zip: MIAMI, FL 33134

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

I hereby 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 all other like empowered.

SIGNATURE: MANUEL DE LA TORRIENTE

D

06/22/2010

Electronic Signature of Signing Officer or Director

Date