

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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FILED
Mar 09, 2012
Secretary of State

Entity Name: SALUDARTE FOUNDATION, INC.

Current Principal Place of Business:

2417 NORTH MIAMI AVENUE
MIAMI, FL 33127 UN

New Principal Place of Business:

Current Mailing Address:

2417 NORTH MIAMI AVENUE
MIAMI, FL 33127 UN

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:

TORRIENTE, MANUEL DE LA
2417 NORTH MIAMI AVE
MIAMI, FL 33127 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 33127 UN

Title: D
Name: TORRIENTE, MANUEL DE LA
Address: 2417 NORTH MIAMI AVENUE
City-St-Zip: MIAMI, FL 33127 UN

Title: S
Name: LEYBA, HERMAN
Address: 2417 NORTH MIAMI AVE
City-St-Zip: MIAMI, MI FLORIDA UN

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

Title: D
Name: FERNANDEZ, ELKE
Address: 2417 NORTH MIAMI AVENUE
City-St-Zip: MIAMI, FL 33127 UN

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

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

03/09/2012

Electronic Signature of Signing Officer or Director

Date