


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 25, 2008 8:00 am**  
**Secretary of State**

04-25-2008 90152 002 \*\*\*\*70.00

<b>DOCUMENT # N03000005534</b>	
1. Entity Name <b>BRITTO FOUNDATION, INC.</b>	

Principal Place of Business <b>818 LINCOLN ROAD MIAMI BEACH, FL 33139</b>	Mailing Address <b>701 BRICKELL AVENUE SUITE 3000 MIAMI, FL 33131</b>
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address <b>818 Lincoln Road</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State <b>Miami Beach, FLA</b>	
Zip	Country	Zip <b>33139</b>	Country

02132008 Chg-NP CR2E037 (12/06)

4. FEI Number <b>02-0700506</b>	Applied For
	Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent

**CORPORATE CREATIONS NETWORK INC.  
11380 PROSPERITY FARMS ROAD #221E  
PALM BEACH GARDENS, FL 33410**

7. Name and Address of New Registered Agent

Name \_\_\_\_\_

Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_

City \_\_\_\_\_ **FL** 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 \_\_\_\_\_ DATE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make check payable to Florida Department of State**


10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	<b>BRITTO, ROMERO</b>	
STREET ADDRESS	<b>818 LINCOLN ROAD</b>	
CITY-ST-ZIP	<b>MIAMI BEACH, FL 33139</b>	
TITLE	VD	<input type="checkbox"/> Delete
NAME	<b>BRITTO, ROBERTA</b>	
STREET ADDRESS	<b>818 LINCOLN RD</b>	
CITY-ST-ZIP	<b>MIAMI BEACH, FL 33139</b>	
TITLE	SD	<input type="checkbox"/> Delete
NAME	<b>FRIEDMAN, ROBERT</b>	
STREET ADDRESS	<b>701 BRICKELL AVE</b>	
CITY-ST-ZIP	<b>MIAMI, FL 33131</b>	
TITLE	D	<input type="checkbox"/> Delete
NAME	<b>KLIENMAN, TAMMY</b>	
STREET ADDRESS	<b>818 LINCOLN RD</b>	
CITY-ST-ZIP	<b>MIAMI BEACH, FL 33139</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby 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.

**SIGNATURE:**  \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_