

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000005598

FILED
Apr 28, 2005
Secretary of State

Entity Name: CHILDREN'S HOSPITAL COSTA RICA FOUNDATION, INC.

Current Principal Place of Business:

ONE SE THIRD AVE, STE 2200
MIAMI, FL 33131

New Principal Place of Business:

2525 PONCE DE LEON BLVD.
SUITE 400
CORAL GABLES, FL 33134

Current Mailing Address:

ONE SE THIRD AVE, STE 2200
MIAMI, FL 33131

New Mailing Address:

2525 PONCE DE LEON BLVD.
SUITE 400
CORAL GABLES, FL 33134

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MACAULAY, ROBERT B
ONE SE THIRD AVE, STE 2200
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

MACAULAY, ROBERT B
2525 PONCE DE LEON BLVD.
SUITE 400
CORAL GABLES, FL 33134 US

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: ROBERT B. MACAULAY

04/28/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: GAMBOA, LUIS
Address: ONE SE THIRD AVE, STE 2200
City-St-Zip: MIAMI, FL 33131

Title: D () Delete
Name: GONZALEZ, MANUEL
Address: ONE SE THIRD AVE, STE 2200
City-St-Zip: MIAMI, FL 33131

Title: D () Delete
Name: GONZALEZ, GONZALO
Address: ONE SE THIRD AVE, STE 2200
City-St-Zip: MIAMI, FL 33131

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: GAMBOA, LUIS
Address: 2525 PONCE DE LEON BLVD., STE. 400
City-St-Zip: CORAL GABLES, FL 33134

Title: D (X) Change () Addition
Name: GONZALEZ, MANUEL
Address: 2525 PONCE DE LEON BLVD., STE. 400
City-St-Zip: CORAL GABLES, FL 33134

Title: D (X) Change () Addition
Name: GONZALEZ, GONZALO
Address: 2525 PONCE DE LEON BLVD., STE. 400
City-St-Zip: CORAL GABLES, FL 33134

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: LUIS GAMBOA

D

04/28/2005

Electronic Signature of Signing Officer or Director

Date