

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000005598

FILED
May 01, 2006
Secretary of State

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

Current Principal Place of Business:

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

New Principal Place of Business:

2525 PONCE DE LEON BLVD., STE. 400
ATTN: ROBERT B. MACAULAY
CORAL GABLES, FL 33134

Current Mailing Address:

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

New Mailing Address:

2525 PONCE DE LEON BLVD., STE. 400
ATTN: ROBERT B. MACAULAY
CORAL GABLES, FL 33134

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: LUIS GAMBOA

D

05/01/2006

Electronic Signature of Signing Officer or Director

Date