

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000005879

FILED
Jan 29, 2008
Secretary of State

Entity Name: AMERICAN FRIENDS OF FUNDACION CARDIO INFANTIL-INSTITUTO DE CARDIOLOGIA, INC.

Current Principal Place of Business:

% NRAI SERVICES, INC.
2731 EXECUTIVE PARK DR., SUITE 4
WESTON, FL 33331

New Principal Place of Business:

Current Mailing Address:

9918 MEADOWLARK RD.
VIENNA, VA 22182

New Mailing Address:

FEI Number: 20-0227198

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331 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: D () Delete
Name: ORDUZ, JUAN E
Address: 140E 57TH STREET , 3RD FLOOR
City-St-Zip: NEW YORK, NY 10022

Title: D () Delete
Name: LESLIE, JACK J
Address: 640 FIFTH AVE.
City-St-Zip: NEW YORK, NY 10019

Title: D () Delete
Name: SELZER, HERBERT
Address: 505 PARK AVENUE
City-St-Zip: NEW YORK, NY 10022

Title: D () Delete
Name: EISENHOWER, ANNE
Address: 790 MADISON AVE.
City-St-Zip: NEW YORK, NY 10021

Title: D () Delete
Name: PEREZ, CARLOS A
Address: 499 PARK AVENUE 24TH FLOOR
City-St-Zip: NEW YORK, NY 10022

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

Title: MR. () Change (X) Addition
Name: IRAGORRI, JULIAN
Address: 745 SEVENTH AVE, 28TH FLOOR
City-St-Zip: NEW YORK, NY 10019

I hereby certify that the information supplied with this filing does not qualify 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: JUAN ESTEBAN ORDUZ

MR.

01/29/2008

Electronic Signature of Signing Officer or Director

Date