

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000008817

FILED  
Apr 25, 2006  
Secretary of State

**Entity Name:** FUNDACION MAGGLIO ORDONEZ, INC.

**Current Principal Place of Business:**

1001 BRICKELL BAY DR, 9TH FLOOR  
MIAMI, FL 33131

**New Principal Place of Business:**

**Current Mailing Address:**

1001 BRICKELL BAY DR, 9TH FLOOR  
MIAMI, FL 33131

**New Mailing Address:**

**FEI Number:** 59-1172536

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

JOHNSON, CHARLES M  
201 S BISCAYNE BLVD, 10TH FLOOR  
MIAMI, FL 33131 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: DP ( ) Delete  
Name: ORDONEZ, MAGGLIO  
Address: 1001 BRICKELL BAY DR, 9TH FLOOR  
City-St-Zip: MIAMI, FL 33131

Title: DV ( ) Delete  
Name: ORDONEZ, DAGLY  
Address: 1001 BRICKELL BAY DR, 9TH FLOOR  
City-St-Zip: MIAMI, FL 33131

Title: DT ( ) Delete  
Name: BAKHAI, KASHYAP  
Address: 1001 BRICKELL BAY DR, 9TH FLOOR  
City-St-Zip: MIAMI, FL 33131

**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:

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: MAGGLIO ORDONEZ

DP

04/25/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date