2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2005 8:00 am
Secretary of State
05-03-2005 90115 038 ****61.25

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1. Entity Name
OM FOUNDATION, INC.

Principal Place of Business	Mailing Address
1390 BRICKELL AVENUE SUITE 200 MIAMI, FL 33131	1390 BRICKELL AVENUE SUITE 200 MIAMI, FL 33131

04222005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
1114 S. DOUGLAS RD	1114 S. DOUGLAS RD.
Suite, Apt. #, etc. 6	Suite, Apt. #, etc. 6
City & State CORAL GABLES, FL.	City & State CORAL GABLES, FL.
Zip 33134 Country USA	Zip 33134 Country USA

4. FEI Number 20-0318828 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

AGRAMUNT, LUIS
1390 BRICKELL AVENUE
SUITE 200
MIAMI, FL 33131

7. Name and Address of New Registered Agent

Name LUIS AGRAMUNT
Street Address (P.O. Box Number is Not Acceptable)
1114 S. DOUGLAS RD. # 6
City CORAL GABLES **FL** Zip Code 33134

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 LUIS AGRAMUNT 04/28/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2005

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GUERRA, JOSE 1390 BRICKELL AVENUE SUITE 200 MIAMI, FL 33131	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition 1114 S. DOUGLAS RD. # 6 CORAL GABLES, FL. 33134
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DE GOYENECHE, ALFONSO 1390 BRICKELL AVENUE SUITE 200 MIAMI, FL 33131	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition 1114 S. DOUGLAS RD. # 6 CORAL GABLES, FL. 33134
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DE LA PUENTE, PILAR 1390 BRICKELL AVENUE SUITE 200 MIAMI, FL 33131	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition 1114 S. DOUGLAS RD. #6 CORAL GABLES, FL. 33134
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D AGUIRRE, ROCIO 1390 BRICKELL AVENUE SUITE 200 MIAMI, FL 33131	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CASTRO, ALFONSO 1114 S. DOUGLAS RD. #6 CORAL GABLES, FL. 33134 ☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D QUIROS, JORGE 1114 S. DOUGLAS RD. #6 CORAL GABLES FL 33134 ☐ Change ☑ Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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: JOSE GUERRA (POA) 04/28/05 (305)448-3027
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #