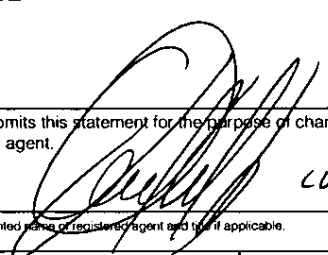
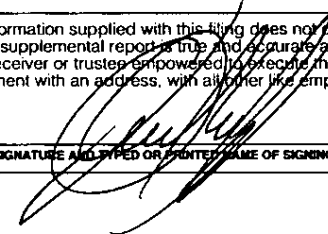


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90115 038 ****61.25

DOCUMENT # N03000009081 1. Entity Name OM FOUNDATION, INC.					
Principal Place of Business 1390 BRICKELL AVENUE SUITE 200 MIAMI, FL 33131			Mailing Address 1390 BRICKELL AVENUE SUITE 200 MIAMI, FL 33131		
2. Principal Place of Business 1114 S. DOUGLAS RD		3. Mailing Address 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			
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For ☐ Not Applicable	
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 GOYENECHÉ, 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	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☒ Addition D CASTRO, ALFONSO 1114 S. DOUGLAS RD. # 6 CORAL GABLES, FL. 33134	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☒ Addition D QUIROS, JORGE 1114 S. DOUGLAS RD. # 6 CORAL GABLES, FL. 33134	
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) 468-3027	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	