


**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 17, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # N04000000311</b> 1. Entity Name FUNDACION ENCESTANDO UNA SONRISA, INC.	
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Principal Place of Business 7270 NW 12 STREET SUITE 680 MIAMI, FL	Mailing Address 7270 NW 12 STREET SUITE 680 MIAMI, FL
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**DO NOT WRITE IN THIS SPACE**



01072008 No Chg-NP CR2E037 (4/06)

4. FEI Number 20-0593063	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  ALONSO, DOMINGO 300 SEVILLA AVE SUITE 201 CORAL GABLES, FL 33134	<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

<b>Filing Fee is \$61.25 Due by May 1, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	0000000652114 04/03/08-80036-011 158.75
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GARTLAN, PAUL 1117 BELLA VISTA AVENUE CORAL GABLES, FL 33156
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PACHECO, DOMINADOR 7230 SW 130 AVENUE MIAMI, FL 33183
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ASECIO, JORGE 15405 SW 74 CT MIAMI, FL 33157
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Paul V. Gartlan 3-12-08 (305) 593-5050  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #