2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 25, 2008
Secretary of State

DOCUMENT# N04000001161

Entity Name: THE DE CESPEDES/PHARMED FAMILY FOUNDATION, INC.

Current Principal Place of Business:

3075 NW 107 AVE
MIAMI, FL 33172

New Principal Place of Business:

133 SEVILLA AVENUE
CORAL GABLES, FL 33134

Current Mailing Address:

3075 NW 107 AVE
MIAMI, FL 33172

New Mailing Address:

133 SEVILLA AVENUE
CORAL GABLES, FL 33134

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

CORPDIRECT AGENTS, INC.
515 EAST PARK AVENUE
TALLAHASSEE, FL 32301 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: P/D ( ) Delete
Name: DE CESPEDES, CARLOS M
Address: 3075 NW 107TH AVENUE
City-St-Zip: MIAMI, FL 33172 US

Title: DVPS ( ) Delete
Name: DE CESPEDES, JORGE L
Address: 3075 NW 107TH AVENUE
City-St-Zip: MIAMI, FL 33172 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P/D (X) Change ( ) Addition
Name: DE CESPEDES, CARLOS M
Address: 133 SEVILLA AVENUE
City-St-Zip: CORAL GABLES, FL 33134 US

Title: DVPS (X) Change ( ) Addition
Name: DE CESPEDES, JORGE L
Address: 133 SEVILLA AVENUE
City-St-Zip: CORAL GABLES, FL 33134 US

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: CARLOS M. DE CESPEDES P/D 08/25/2008

Electronic Signature of Signing Officer or Director — Date