

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 08, 2005 8:00 am
Secretary of State

09-08-2005 90068 002 *****61.25

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|---|---|---|--|---|--|
| DOCUMENT # N04000004642 1. Entity Name VALLADARES FOUNDATION INC. | | | | | |
| Principal Place of Business 10897 S.W. 152 PLACE MIAMI, FL 33196 | | | Mailing Address 10897 S.W. 152 PLACE MIAMI, FL 33196 | | |
| 2. Principal Place of Business 782 NW 42 AV Suite, Apt. #, etc. 636 | | 3. Mailing Address 782 NW 42 AV Suite, Apt. #, etc. 636 | | | |
| City & State Miami FL | | City & State Miami FL | | 4. FEI Number 84-1664924 | |
| Zip 33126 | | Country Miami Dade | | 5. Certificate of Status Desired FL | |
| 6. Name and Address of Current Registered Agent VALLADARES, ARMANDO 10897 S.W. 152 PLACE MIAMI, FL 33196 | | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City State FL Zip Code | |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | | | |
| Filing Fee is \$61.25 Due by September 7, 2005 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$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 | SD MAGDALENO, JUAN 13154 SW 20 TERR MIAMI, FL 33175 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | DIRECTOR-SECRETARY (SD) THOR HALVORSEN 60 E 42 ST, #2102 NEW YORK, NY 10019 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD OQUENDO, ALFREDO 6875 W. FLAGLER ST. APT. 310 MIAMI, FL 33144 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | DIRECTOR-TREASURER (TD) JERRY HAAR, PhD ONE GROVE ISLE DR #807 MIAMI FL 33133 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD FRANCES, EDUARDO 1385 CORAL WAY #204 MIAMI, FL 33145 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | PRESIDENT (PD) MIRIAM GRISSETT 8560 SW 118 ST MIAMI FL 33156 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD VALLADARES, ARMANDO 10897 S.W. 152 PLACE MIAMI, FL 33196 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | CHAIRMAN (CD) VALLADARES, ARMANDO 10897 SW 152 PL MIAMI FL 33196 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | <input type="checkbox"/> Change <input type="checkbox"/> 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: <u>Armando Valladares</u> <u>August 30, 2005</u> <u>305-398-3430</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | | | | |