

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N04000004659

**FILED**  
**May 02, 2011**  
**Secretary of State**

**Entity Name:** DR. MARIBEL SANTACRUZ FOUNDATION, INC.

**Current Principal Place of Business:**

3860 WEST FLAGLER STREET  
MIAMI, FL 33134

**New Principal Place of Business:**

**Current Mailing Address:**

3860 WEST FLAGLER STREET  
MIAMI, FL 33134

**New Mailing Address:**

**FEI Number:** 20-4356148

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SANTA CRUZ, MARIA ISABEL  
3860 WEST FLAGLER STREET  
MIAMI, FL 33134 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: PD  
Name: SANTA CRUZ, MARIA ISABEL  
Address: 3860 WEST FLAGLER STREET  
City-St-Zip: MIAMI, FL 33134

I hereby 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 all other like empowered.

SIGNATURE: MARIA I SANTA CRUZ

PD

05/02/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date