

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

FILED
Sep 09, 2008 8:00 am
Secretary of State

09-09-2008 90002 031 ****61.25

DOCUMENT # N04000008293

1. Entity Name
CDC FOUNDATION, INC.



Principal Place of Business
**18940 NW 14TH AVENUE
MIAMI GARDENS, FL 33169**

Mailing Address
**18940 NW 14TH AVENUE
MIAMI GARDENS, FL 33169**

40110700



09042008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
13-4286438

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**RAGGO, FRANCIS
18940 N W 14TH AVENUE
MIAMI GARDENS, FL 33169**

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IN THIS SPACE**

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 _____

**Filing Fee is \$61.25
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
DECRUISE, CARL
18940 NW 14TH AVENUE
MIAMI GARDENS, FL 33169**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
RAGGO, FRANCIS
18940 NW 14TH AVENUE
MIAMI GARDENS, FL 33169**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
BECKLES, INGRID
18940 NW 14TH AVENUE
MIAMI GARDENS, FL 33169**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-4-08

Date

Daytime Phone #