2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2006 08:00 AM
Secretary of State

DOCUMENT # N04000010231

1. Entity Name
THE CHRISTOPHER RICARDO CYSTIC FIBROSIS FOUNDATION, INC.

Principal Place of Business	Mailing Address
3191 NE 211 TERRACE AVENTURA, FL 33180	3191 NE 211 TERRACE AVENTURA, FL 33180

DO NOT WRITE IN THIS SPACE

01062006 No Chg-NP CR2E037 (11/05)

4. FEI Number
86-1119987
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

DEVITA, ANTONIO
3191 NE 211 TERRACE
AVENTURA, FL 33180

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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: ANTONIO DEVITA 3/25/06
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 May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000472485
03/29/06-80038-016 61.25

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	RICARDO, MARIA
STREET ADDRESS	5161 COLLINS AVENUE APT 1701
CITY-ST-ZIP	MIAMI BEACH, FL 33145
TITLE	D
NAME	DEVITA, ZITA ZANOTTI
STREET ADDRESS	3191 NE 211 TERRACE
CITY-ST-ZIP	AVENTURA, FL 33180
TITLE	D
NAME	DEVITA, ANTONIO
STREET ADDRESS	3191 NE 211 TERRACE
CITY-ST-ZIP	AVENTURA, FL 33180
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANTONIO DEVITA 3/25/06 (631)833-4775
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #