

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 04, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # N04000010231**

1. Entity Name

THE CHRISTOPHER RICARDO CYSTIC FIBROSIS  
FOUNDATION, INC.



Principal Place of Business

3191 NE 211 TERRACE  
AVENTURA, FL 33180

Mailing Address

3191 NE 211 TERRACE  
AVENTURA, FL 33180



03182007 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

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

**DO NOT WRITE  
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

TREASURER/SECRETARY

3-31-07

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

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

U00000690838  
04/12/07-80006-010 61.25

**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

ANTONIO DEVITA

Date

Daytime Phone #

3-31-07 (305) 466-5654