

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N04000010231

**FILED**  
**Jan 09, 2012**  
**Secretary of State**

**Entity Name:** THE CHRISTOPHER RICARDO CYSTIC FIBROSIS FOUNDATION, INC.

**Current Principal Place of Business:**

3191 NE 211 TERRACE  
AVENTURA, FL 33180

**New Principal Place of Business:**

**Current Mailing Address:**

3191 NE 211 TERRACE  
AVENTURA, FL 33180

**New Mailing Address:**

**FEI Number:** 86-1119987

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

DEVITA, ANTONIO  
19333 COLLINS AVE  
709  
SUNNY ISLES BEACH, FL 33160 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:** D  
**Name:** RICARDO, MARIA  
**Address:** 3191 NE 211 TERRACE  
**City-St-Zip:** AVENTURA, FL 3318

**Title:** D  
**Name:** DEVITA, ZITA ZANOTTI  
**Address:** 3191 NE 211 TERRACE  
**City-St-Zip:** AVENTURA, FL 33180

**Title:** D  
**Name:** DEVITA, ANTONIO  
**Address:** 19333 COLLINS AVE APT. #709  
**City-St-Zip:** SUNNY ISLES BEACH, FL 33160

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:** ANTONIO DEVITA

D

01/09/2012

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

\_\_\_\_\_  
Date