


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 16, 2007 08:00 AM
Secretary of State

| | |
|--|---|
| DOCUMENT # N05000003841 1. Entity Name FUNDACION SAM MIGUEL, INC. |  |
|--|---|

| | |
|--|--|
| Principal Place of Business 1345 ALHAMBRA DRIVE FORT MYERS, FL 33901 | Mailing Address 1345 ALHAMBRA DRIVE FORT MYERS, FL 33901 |
|--|--|



07022007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

| | |
|-----------------------------|-------------------------------|
| 4. FEI Number 20-3615911 | Applied For Not Applicable |
|-----------------------------|-------------------------------|

| | |
|---|--|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|---|--|

| |
|---|
| 6. Name and Address of Current Registered Agent RODRIGUEZ, MIGUEL A 1345 ALHAMBRA DRIVE FORT MYERS, FL 33901 |
|---|

**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

**Filing Fee is \$61.25
Due by September 14, 2007**

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 | P.D RODRIGUEZ, MIGUEL A 1345 ALHAMBRA DRIVE FORT MYERS, FL 33901 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | T.D MORALES, FRANCIA 2342 WOODLIAD BOULEVARD FORT MYERS, FL 33907 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | S.D SANCHEZ, RUBIELA 204 NE 23RD PLACE CAPE CORAL, FL 33903 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |

U000000768931
07/16/07-80007-010 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:  _____
Typed or printed name of signing officer or director Date Daytime Phone #