

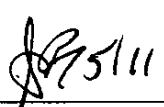
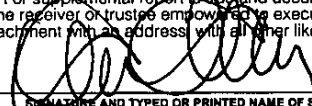


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N05000009795 1. Entity Name LOPEZ-CANTERA CHARITABLE FOUNDATION, INC.						FILED 06 MAY -1 PM 2:35 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 150 ALHAMBRA CIRCLE STE 925 CORAL GABLES, FL 33134				Mailing Address 150 ALHAMBRA CIRCLE STE 925 CORAL GABLES, FL 33134			
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip		Country		Zip		Country	
4. FEI Number				<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired				<input checked="" type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
DADE CORPORATE SERVICES, INC. 150 ALHAMBRA CIRCLE STE 925 CORAL GABLES, FL 33134				Name Street Address (P.O. Box Number is Not Acceptable) City			
				State FL Zip Code			
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 _____ DATE 05/23/06 500075103035 01049-025 **70.00 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating).</small>							
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	DP	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	LOPEZ-CANTERA, CARLOS			NAME			
STREET ADDRESS	150 ALHAMBRA CIRCLE STE 925						
CITY - ST - ZIP	CORAL GABLES, FL 33134						
TITLE	DV	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	LOPEZ-CANTERA, MARTA L			NAME			
STREET ADDRESS	150 ALHAMBRA CIRCLE STE 925						
CITY - ST - ZIP	CORAL GABLES, FL 33134						
TITLE	DST	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	LOPEZ-CANTERA, AMADA			NAME			
STREET ADDRESS	150 ALHAMBRA CIRCLE STE 925						
CITY - ST - ZIP	CORAL GABLES, FL 33134						
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				NAME			
STREET ADDRESS							
CITY - ST - ZIP							
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				NAME			
STREET ADDRESS							
CITY - ST - ZIP							
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				NAME			
STREET ADDRESS							
CITY - ST - ZIP							

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:  **425-06 305-401-0563**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CARLOS LOPEZ-CANTERA

Date Daytime Phone #