


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 03, 2006 8:00 am**  
**Secretary of State**

03-03-2006 90127 013 \*\*\*\*70.00

|  |   |  |  |   |  |
|--|---|--|--|---|--|
| <b>DOCUMENT # N05000010132</b><br>1. Entity Name<br><b>CANTENS FAMILY FOUNDATION, INC.</b>   |   |  |  |    |  |
| Principal Place of Business<br>11890 SW 8 ST - STE 502<br>MIAMI, FL 33184  |   | Mailing Address<br>11890 SW 8 ST - STE 502<br>MIAMI, FL 33184                    |  |   |  |
| 2. Principal Place of Business<br><br>Suite, Apt. #, etc.  |   | 3. Mailing Address<br><br>Suite, Apt. #, etc.                                    |  |   |  |
| City & State   |   | City & State   |  | 4. FEI Number<br><b>20-3585944</b>  |  |
| Zip  |   | Country  |  | 5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>                |  |
| 6. Name and Address of Current Registered Agent<br><br><b>BATLLE, CARLOS A ESQ</b><br><b>% SQUIRE, SANDERS &amp; DEMPSEY L.L.P.</b><br><b>200 S BISCAYNE BLVD - 41ST FLOOR</b><br><b>MIAMI, FL 33131</b>   |   |  |  | 7. Name and Address of New Registered Agent<br><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br><br>City |  |
| 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.  |   |  |  | Applied For<br>Not Applicable   |  |
| SIGNATURE _____<br><small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>  |   | DATE _____   |  |   |  |
| <b>Filing Fee is \$61.25</b><br><b>Due by May 1, 2006</b>  |   | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> |  | <b>\$5.00 May Be Added to Fees</b>  |  |
| <b>Make check payable to Florida Department of State</b>   |   |  |  |   |  |
| <b>10. OFFICERS AND DIRECTORS</b>  |   |  | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b> |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D<br>CANTENS, GASTON E<br>8365 SW 58 ST<br>MIAMI, FL 33143      | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP               | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D<br>CANTENS, TERESITA<br>8365 SW 58 ST<br>MIAMI, FL 33143      | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP               | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D<br>CANTENS, GASTON I<br>11750 SW 58 ST<br>MIAMI, FL 33165     | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP               | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D<br>CANTENS, BERNARDO J<br>4533 NW 94 PLACE<br>MIAMI, FL 33178 | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP               | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D<br>   | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP               | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D<br>   | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP               | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| 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: <u>Gaston Cantens</u>   |   |  | Date: <u>2-22-06</u>   |   |  |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>  |   |  | <small>Date Daytime Phone #</small>                          |   |  |

