


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2007 08:00 AM
Secretary of State

DOCUMENT # N05000010132

1. Entity Name
CANTENS FAMILY FOUNDATION, INC.



Principal Place of Business 11890 SW 8 ST - STE 502 MIAMI, FL 33184	Mailing Address 11890 SW 8 ST - STE 502 MIAMI, FL 33184
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DO NOT WRITE IN THIS SPACE



04192007 No Chg-NP CR2E037 (4/06)

4. FEI Number 20-3585944	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**BATLLE, CARLOS A ESQ
 % SQUIRE, SANDERS & DEMPSEY L.L.P.
 200 S BISCAYNE BLVD - 41ST FLOOR
 MIAMI, FL 33131**

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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 _____ (NOTE Registered Agent signature required when reinstating) DATE _____

**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 NAME STREET ADDRESS CITY-ST-ZIP	D CANTENS, GASTON E 8365 SW 58 ST MIAMI, FL 33143
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CANTENS, TERESITA 8365 SW 58 ST MIAMI, FL 33143
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CANTENS, GASTON I 11750 SW 58 ST MIAMI, FL 33165
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CANTENS, BERNARDO J 4533 NW 94 PLACE MIAMI, FL 33178
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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U00000731213
 05/08/07-80112-015 55.00

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

Date _____ Daytime Phone # _____