

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 09, 2009  
Secretary of State**

DOCUMENT# N05000010132

Entity Name: CANTENS FAMILY FOUNDATION, INC.

**Current Principal Place of Business:**

11890 SW 8 ST - STE 502  
MIAMI, FL 33184

**New Principal Place of Business:**

**Current Mailing Address:**

11890 SW 8 ST - STE 502  
MIAMI, FL 33184

**New Mailing Address:**

FEI Number: 20-3585944      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**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 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 ( ) Delete  
Name: CANTENS, GASTON E  
Address: 8365 SW 58 ST  
City-St-Zip: MIAMI, FL 33143

Title: D ( ) Delete  
Name: CANTENS, TERESITA  
Address: 8365 SW 58 ST  
City-St-Zip: MIAMI, FL 33143

Title: D ( ) Delete  
Name: CANTENS, GASTON I  
Address: 11750 SW 58 ST  
City-St-Zip: MIAMI, FL 33165

Title: D ( ) Delete  
Name: CANTENS, BERNARDO J  
Address: 4533 NW 94 PLACE  
City-St-Zip: MIAMI, FL 33178

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: GASTON CANTENS

MGR

04/09/2009

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

\_\_\_\_\_  
Date