

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000011449

FILED
Jan 20, 2009
Secretary of State

Entity Name: SUMANDO MANOS FOUNDATION INC.

Current Principal Place of Business:

1424 COLLINS AVE.
MIAMI BEACH, FL 33139

New Principal Place of Business:

Current Mailing Address:

1424 COLLINS AVE.
MIAMI BEACH, FL 33139

New Mailing Address:

FEI Number: 43-2091998

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GERMAN, PREVISDOMINI
1424 COLLINS AVE
MIAMI BEACH, FL 33139 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: TENENBAUM, MARCELO
Address: 1424 COLLINS AVE.
City-St-Zip: MIAMI BEACH, FL 33139

Title: D () Delete
Name: ITKIN, ALEJANDRO
Address: 3305 N.RACINE #C
City-St-Zip: CHIGAGO, IL 60657

Title: D () Delete
Name: FANDIÑO, LUIS
Address: 5055 COLLINS 12N
City-St-Zip: MIAMI BEACH, FL 33140

Title: D () Delete
Name: DONAIRE, GUILLERMO
Address: 424 89 ST.
City-St-Zip: SURFSIDE, FL 33154

Title: D () Delete
Name: MAGRINI, ANA
Address: 910 BAY DRIVE #14
City-St-Zip: MIAMI BEACH, FL 33141

Title: D () Delete
Name: TENENBAUM, KARINA
Address: 501 88 ST.
City-St-Zip: SURFSIDE, FL 33154

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
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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: GUILLERMO DONAIRE

DIR

01/20/2009

Electronic Signature of Signing Officer or Director

Date