


FILED  
May 10, 2007 8:00 am  
Secretary of State

04-16-2007 90066 034 \*\*\*\*61.25

2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT

|  |   |  |   |
|--|---|--|---|
| DOCUMENT # N06000008007  |   |   |   |
| 1. Entity Name<br>THE SUSANA Y. SANCHEZ FOUNDATION, INC.   |   |  |   |
| Principal Place of Business<br>2300 NW 102 AVE<br>MIAMI, FL 33172  |   | Mailing Address<br>2300 NW 102 AVE<br>MIAMI, FL 33172  |   |
| 2. Principal Place of Business - No P.O. Box #   |   | 3. Mailing Address   |   |
| Suite, Apt. #, etc.  |   | Suite, Apt. #, etc.  |   |
| City & State   |   | City & State   |   |
| Zip  | Country   | Zip  | Country   |
| 6. Name and Address of Current Registered Agent<br><br>CASTILLO B., ALVARO ESQ<br>CASTILLO & ASSOCIATES<br>1390 BRICKELL AVE., SUITE 200<br>MIAMI, FL 33131  |   | 7. Name and Address of New Registered Agent<br><br>Name<br><br>Street Address (P.O. Box Number is Not Acceptable)<br><br>City<br>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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____   |   |  |   |
| Filing Fee is \$61.25<br>Due by May 1, 2007  |   | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be<br>Added to Fees                           |   |
| Make check payable to<br>Florida Department of State   |   |  |   |
| 10. OFFICERS AND DIRECTORS   |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | PD<br>ENRIQUETA<br>YOMBALAKIAN, ENRIQUETA<br>2300 NW 102 AVE<br>MIAMI, FL 33172 <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   | VOCORRADI<br>CORRADO, BEA<br>2300 NW 102 AVE<br>MIAMI, FL 33172 <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   | STD<br>ESPINOSA, CONCHITA<br>2300 NW 102 AVE<br>MIAMI, FL 33172 <input type="checkbox"/> Delete                 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 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>Enriqueta Yombalakian</u>  |   | Date: <u>4-12-07</u> 305-591-7766  |   |