

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 27, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # N06000008007**

1. Entity Name

THE SUSANA Y. SANCHEZ FOUNDATION, INC.



Principal Place of Business

2300 NW 102 AVE  
MIAMI, FL 33172

Mailing Address

2300 NW 102 AVE  
MIAMI, FL 33172



02202008 No Chg-NP

CR2E037 (4/06)

4. FEI Number  
20-5305949

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

CASTILLO B., ALVARO ESQ  
CASTILLO & ASSOCIATES  
1390 BRICKELL AVE., SUITE 200  
MIAMI, FL 33131

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE PD  
NAME YOMBALAKIAN, ENRIQUETA  
STREET ADDRESS 2300 NW 102 AVE  
CITY-ST-ZIP MIAMI, FL 33172

TITLE VD  
NAME CORRADI, BEA  
STREET ADDRESS 2300 NW 102 AVE  
CITY-ST-ZIP MIAMI, FL 33172

TITLE STD  
NAME ESPINOSA, CONCHITA  
STREET ADDRESS 2300 NW 102 AVE  
CITY-ST-ZIP MIAMI, FL 33172

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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 #

2-22-08 305 5917766