## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N06000010363

LLANES, SERGIO

MIAMI, FL 33175

11880 SW 40TH ST #118

Name:

Address:

City-St-Zip:

EVARISTO MARINA FOUNDATION INC

FILED Apr 26, 2007 Secretary of State

Entity Nai	me: EVARIS	O MARINA FOUNDATION, IN	<u> </u>		
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
1393 SW <sup>1</sup> MIAMI, FL	1ST ST STE 2 33135	07			
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
1393 SW 1 MIAMI, FL	1ST ST STE 2 33135	07			
FEI Number	: 20-5667300	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
	EVARISTO L 7TH ST #205 33135 US				
The above in the State	e named entity e of Florida.	submits this statement for the p	ourpose of changing its registere	d office or registered agent, or both,	
SIGNATU	RE:				
	Electro	nic Signature of Registered Age	ent	Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PD ( MARINA, EVAF 2800 SW 7TH MIAMI, FL 33	ST #205	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	VD ( MARINA, MAR 2800 SW 7TH MIAMI, FL 33	ST #205	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	TD ( VILLACHICA, \$ 10350 SW 216 MIAMI, FL 33	STH ST #304	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title:	SD (	) Delete	Title:	( ) Change ( ) Addition	

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.

Name:

Address:

City-St-Zip:

SIGNATURE: EVARISTO MARINA PD 04/26/2007