

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000011296

FILED  
Apr 27, 2007  
Secretary of State

**Entity Name:** OUR ELDER BROTHERS AND SISTERS FOUNDATION, INC.

**Current Principal Place of Business:**

ONE SE THIRD AVENUE  
SUITE 1940  
MIAMI, FL 33131

**New Principal Place of Business:**

**Current Mailing Address:**

ONE SE THIRD AVENUE  
SUITE 1940  
MIAMI, FL 33131

**New Mailing Address:**

**FEI Number:** 36-4596807

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CORPDIRECT AGENTS, INC.  
515 EAST PARK AVENUE  
TALLAHASSEE, FL 32301 US

**Name and Address of New Registered Agent:**

BENES, BERNARDO DR.  
2350 CORAL WAY  
SUITE 301  
MIAMI, FL 33145 US

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: DR. BERNARDO BENES

04/27/2007

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: BENES, BERNARDO  
Address: 8877 COLLINS AVENUE, APT. 808  
City-St-Zip: SURFSIDE, FL 33154

Title: VD ( ) Delete  
Name: LOPEZ-IBANEZ, TONY  
Address: 3924 AYRSHYRE LANE  
City-St-Zip: CHARLOTTE, NC 28210

Title: SD ( ) Delete  
Name: KLEINFELD, DENIS A  
Address: ONE SE THIRD AVENUE, SUITE 1940  
City-St-Zip: MIAMI, FL 33131

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

Title: PD (X) Change ( ) Addition  
Name: BENES, BERNARDO DR.  
Address: 8877 COLLINS AVENUE, APT. 808  
City-St-Zip: SURFSIDE, FL 33154

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: DR. BERNARDO BENES

PD

04/27/2007

Electronic Signature of Signing Officer or Director

Date