

**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 30, 2008 8:00 am**  
**Secretary of State**

04-30-2008 90166 033 \*\*\*\*61.25

**DOCUMENT # N06000012175**

1. Entity Name  
 THE CONCIENCIA FOUNDATION, INC.



Principal Place of Business  
 150 W FLAGLER STREET SUITE 2200  
 MIAMI, FL 33130

Mailing Address  
 150 W FLAGLER STREET SUITE 2200  
 MIAMI, FL 33130

**60032574**



2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

01242008 Chg-NP CR2E037 (12/06)

4. FEI Number  
 20-8200675

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
 FREED, OWEN S  
 150 W FLAGLER STREET SUITE 2200  
 MIAMI, FL 33130

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**Make check payable to Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	T <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOMEZ, HERMANN	NAME	
STREET ADDRESS	1690 S BAYSHORE LANE UNIT 6B	STREET ADDRESS	
CITY-ST-ZIP	COCONUT GROVE, FL 33133	CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FREED, OWEN S	NAME	
STREET ADDRESS	150 W FLAGLER STREET SUITE 2200	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33130	CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DA LA ROSA, JUAN M	NAME	
STREET ADDRESS	AV INSURGENTES SUR #586 PISO 6	STREET ADDRESS	
CITY-ST-ZIP	COLONIA DEL VALLE MEXICO,	CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TINOCO, RICARDO	NAME	
STREET ADDRESS	AV ORINOCO TORRE UNO PLANTA COMERCIAL	STREET ADDRESS	
CITY-ST-ZIP	LAS MERCEDES CARACAS,	CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUADAMUZ, LORENZO	NAME	
STREET ADDRESS	AUTOPISTA PROSPERO FERNANDEZ CENTRO CORPOR	STREET ADDRESS	
CITY-ST-ZIP	F15 EDIFICIO EL PATIO ESCAZU,	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: OWEN S FREED **OWEN S FREED** 4/28/08 **4/28/08** 305-789-3456 **305-789-3456**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Day Daytime Phone #