2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2009
Secretary of State

DOCUMENT# N06000012950

Entity Name: STIVELMAN FOUNDATION, INC.

Current Principal Place of Business:

18851 NE 29TH AVE
#1011
AVENTURA, FL 33180

New Principal Place of Business:

Current Mailing Address:

18851 NE 29TH AVE
#1011
AVENTURA, FL 33180

New Mailing Address:

FEI Number: 42-1719766 **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:

STIVELMAN, JACQUES C MGR
18851 NE 29TH AVE
SUITE 1011
AVENTURA, FL FL 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: JACQUES CLAUDIO STIVELMAN 04/24/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: STIVELMAN, JACQUES C
Address: 18851 NE 29 AVE STE 1011
City-St-Zip: AVENTURA, FL 33180

Title: D ( ) Delete
Name: STIVALMAN, LEONARD
Address: 18851 NE 29 AVE STE 1011
City-St-Zip: AVENTURA, FL 33180

Title: S ( ) Delete
Name: BENHAMOW, GILBERT
Address: 18851 NE 29 AVE STE 1011
City-St-Zip: AVENTURA, FL 33180

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: STIVELMAN, LEONARDO
Address: 18851 NE 29 AVE STE 1011
City-St-Zip: AVENTURA, FL 33180

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: JACQUES CLAUDIO STIVELMAN MGR 04/24/2009
Electronic Signature of Signing Officer or Director Date