

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000001057

FILED
Feb 24, 2009
Secretary of State

Entity Name: JOSE ANTONIO ECHEVERRIA FOUNDATION, INC.

Current Principal Place of Business:

500 SW 124TH AVE
MIAMI, FL 33184

New Principal Place of Business:

Current Mailing Address:

500 SW 124TH AVE
MIAMI, FL 33184

New Mailing Address:

FEI Number: 20-8405263

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ECHEVERRIA, LUCY
500 SW 124TH AVE
MIAMI, FL 33184 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: ECHEVERRIA, LUCY
Address: 500 SW 124TH AVE
City-St-Zip: MIAMI, FL 33184

Title: D () Delete
Name: ECHEVERRIA, SINFORIANO
Address: 9682 FOUNTAINBLUE BLVD #710
City-St-Zip: MIAMI, FL 33172

Title: D () Delete
Name: RODRIGUEZ, RUBEN
Address: 12270 SW 4TH TERR
City-St-Zip: MIAMI, FL 33184

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: LUCY ECHEVERRIA

DIR

02/24/2009

Electronic Signature of Signing Officer or Director

Date