

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000006791

FILED
Apr 30, 2008
Secretary of State

Entity Name: NEARCUS FOUNDATION INC.

Current Principal Place of Business:

104 CRANDON BOULEVARD
SUITE 402
KEY BISCAYNE, FL 33149 US

New Principal Place of Business:

200 CRANDON BOULEVARD
SUITE 321
KEY BISCAYNE, FL 33149 US

Current Mailing Address:

104 CRANDON BOULEVARD
SUITE 402
KEY BISCAYNE, FL 33149 US

New Mailing Address:

200 CRANDON BOULEVARD
SUITE 321
KEY BISCAYNE, FL 33149 US

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HATTON, DAVID
150 ALHAMBRA CIRCLE
SUITE 1150
CORAL GABLES, FL 33134 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: P () Delete
Name: AGUILAR, LUIS A
Address: 104 CRANDON BOULEVARD, SUITE 402
City-St-Zip: KEY BISCAYNE, FL 33149 US

Title: VP () Delete
Name: AGUILAR, CARLOS I
Address: 104 CRANDON BOULEVARD, SUITE 402
City-St-Zip: KEY BISCAYNE, FL 33149 US

Title: VP/S () Delete
Name: HATTON, DAVID L
Address: 150 ALHAMBRA CIRCLE, SUITE 1150
City-St-Zip: CORAL GABLES, FL 33134 US

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: DAVID L. HATTON

VP

04/30/2008

Electronic Signature of Signing Officer or Director

Date