





2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 13, 2008 8:00 am
Secretary of State

06-13-2008 90001 017 ****70.00

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|--|---------------------------------|--|---|--|--|
| DOCUMENT # N07000007128 1. Entity Name FELOANTI BREAST CENTER FOUNDATION, INC | | | |  | |
| Principal Place of Business 21150 BISCAYNE BOULEVARD 101 AVENTURA, FL 33180 | | | Mailing Address 21150 BISCAYNE BOULEVARD 101 AVENTURA, FL 33180 | | |
| 2. Principal Place of Business - No P.O. Box # 21150 Biscayne Blvd. Suite, Apt. #, etc. 101 | | 3. Mailing Address 21150 Biscayne Blvd. Suite, Apt. #, etc. 101 | |  | |
| City & State Aventura, FL | | City & State Aventura, FL | | 4. FEI Number 41-2246521 | |
| Zip 33180 | | Country USA | | 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent DIAZ-LACAYO, MARVIN MD 21150 BISCAYNE BOULEVARD 101 AVENTURA, FL 33180 | | | | 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  _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| Filing Fee is \$61.25 Due by September 12, 2008 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$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 P NAME DIAZ-LACAYO, MARVIN MD STREET ADDRESS 21150 BISCAYNE BOULEVARD SUITE 101 CITY-ST-ZIP AVENTURA, FL 33180 | <input type="checkbox"/> Delete | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE VP NAME DIAZ-LACAYO, ALICIA STREET ADDRESS 21150 BISCAYNE BOULEVARD SUITE 101 CITY-ST-ZIP AVENTURA, FL 33180 | <input type="checkbox"/> Delete | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
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| 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:  _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | | | | |