

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000009197

FILED
Apr 21, 2009
Secretary of State

Entity Name: GIANKARLO SQUICIMARI FOUNDATION INC.

Current Principal Place of Business:

11017 SW 139 PLACE
MIAMI, FL 33186

New Principal Place of Business:

Current Mailing Address:

11017 SW 139 PLACE
MIAMI, FL 33186

New Mailing Address:

FEI Number: 51-0674778

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GINER, OLGA
11017 SW 139 PLACE
MIAMI, FL 33186 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: GINER, OLGA
Address: 11017 SW 139 PLACE
City-St-Zip: MIAMI, FL 33186

Title: VP () Delete
Name: HERRERA, SASHA
Address: 11017 SW 139 PLACE
City-St-Zip: MIAMI, FL 33186

Title: D () Delete
Name: GINER, JULIO
Address: 11017 SW 139 PLACE
City-St-Zip: MIAMI, FL 33186

Title: AVP () Delete
Name: GINER, IBIS
Address: 11017 SW 139 PLACE
City-St-Zip: MIAMI, FL 33186

Title: S () Delete
Name: PENATE, IBIS
Address: 11017 SW 139TH PLACE
City-St-Zip: MIAMI, FL 33186 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:

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: OLGA M GINER

PRES

04/21/2009

Electronic Signature of Signing Officer or Director

Date