

**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 06, 2008  
Secretary of State**

DOCUMENT# N07000010713

Entity Name: THE GUTIERREZ FAMILY FOUNDATION, INC.

**Current Principal Place of Business:**

9400 SOUTH DADELAND BLVD.  
SUITE 600  
MIAMI, FL 33156

**New Principal Place of Business:**

3175 SW 8 STREET  
MIAMI, FL 33135

**Current Mailing Address:**

9400 SOUTH DADELAND BLVD.  
SUITE 600  
MIAMI, FL 33156

**New Mailing Address:**

3175 SW 8 STREET  
MIAMI, FL 33135

FEI Number: 33-1188548

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MELVIN C. MORGENSTERN, P.A.  
9400 SOUTH DADELAND BLVD.  
SUITE 600  
MIAMI, FL 33156 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: GUTIERREZ, ARMANDO SR.  
Address: 3175 S.W. 8TH STREET  
City-St-Zip: MIAMI, FL 33135

Title: D ( ) Delete  
Name: GUTIERREZ, ARMANDO JR.  
Address: 3175 S.W. 8TH STREET  
City-St-Zip: MIAMI, FL 33135

Title: D ( ) Delete  
Name: GUTIERREZ, MARITZA  
Address: 3175 S.W. 8TH STREET  
City-St-Zip: MIAMI, FL 33135

**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: MELVIN C. MORGENSTERN

RA

04/06/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date