## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N07000012139

Entity Name: MCM-MUNILLA FAMILY FOUNDATION, INC.

FILED Mar 03, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

6201 SW 70TH ST 6201 SW 70TH ST S MIAMI, FL 33143 2ND FLOOR S MIAMI, FL 33143

Current Mailing Address: New Mailing Address:

6201 SW 70TH ST S MIAMI, FL 33143 6201 SW 70TH ST 2ND FLOOR S MIAMI, FL 33143

FEI Number: 26-1615611 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

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

BSPA CORPORATE SERVICES, INC. 350 EAST LAS OLAS BLVD SUTIE 1000

FT LAUDERDALE, FL 33301 US

THOMAS O. WELLS PA 540 BILTMORE WAY CORAL GABLES, FL 33134 US

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: TOW 03/03/2008

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

( ) Delete ( ) Change (X) Addition MUNILLA, JORGE Name: Name: Address: Address: 6201 SW 70TH STREET 2ND FLOOR City-St-Zip: City-St-Zip: MIAMI, FL 33143 Title: Title: MGR ( ) Change (X) Addition ( ) Delete Name: Name: MUNILLA, PEDRO Address: Address: 6201 SW 70TH STREET 2ND FLOOR MIAMI, F' 33143 City-St-Zip: City-St-Zip: Title: () Delete Title: MGR ( ) Change (X) Addition MUNILLA, JUAN Name: Name: 6201 SW 70TH STREET 2ND FLOOR Address: Address: City-St-Zip: City-St-Zip: MIAMI, FL 33143 Title: () Delete Title: MGR ( ) Change (X) Addition Name: Name: MUNILLA, RAUL 6201 SW 70TH STREET 2ND FLOOR Address: Address: City-St-Zip: City-St-Zip: MIAMI, FL 33143 Title: () Delete Title: MGR ( ) Change (X) Addition MUNILLA, FERNANDO Name: Name: 6201 SW 70TH STREET 2ND FLOOR Address: Address: City-St-Zip: City-St-Zip: MIAMI, FL 33143

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: CONNIE CASTILLO AP 03/03/2008