

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000001066

FILED  
Apr 14, 2009  
Secretary of State

Entity Name: GUS MACHADO FAMILY FOUNDATION, INC.

**Current Principal Place of Business:**

1200 WEST 49TH STREET  
HIALEAH, FL 33012 US

**New Principal Place of Business:**

**Current Mailing Address:**

1200 WEST 49TH STREET  
HIALEAH, FL 33012 US

**New Mailing Address:**

FEI Number: 26-1948916

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

LANNON, PATRICK J ESQ.  
95 MERRICK WAY  
440  
CORAL GABLES, FL 33134 US

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

MACHADO, GUS  
1200 WEST 49TH STREET  
HIALEAH, FL 33012 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: GUS MACHADO

04/14/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: MACHADO, GUS  
Address: 1200 WEST 49TH STREET  
City-St-Zip: HIALEAH, FL 33012 US

Title: VP ( ) Delete  
Name: MACHADO, GUS  
Address: 1200 WEST 49TH STREET  
City-St-Zip: HIALEAH, FL 33012 US

Title: S ( ) Delete  
Name: MACHADO, GUS  
Address: 1200 WEST 49TH STREET  
City-St-Zip: HIALEAH, FL 33102 US

Title: T ( ) Delete  
Name: MACHADO, GUS  
Address: 1200 WEST 49TH STREET  
City-St-Zip: HIALEAH, FL 33012 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:

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: GUS MACHADO

P

04/14/2009

Electronic Signature of Signing Officer or Director

Date