2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2009
Secretary of State

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Entity Name: ALFONSO SORIANO FAMILY FOUNDATION, INC.

Current Principal Place of Business:

123 SE 3RD ST., #273
MIAMI, FL 33131

New Principal Place of Business:

1001 BRICKELL BAY DRIVE
SUITE 1710
MIAMI, FL 33131

Current Mailing Address:

123 SE 3RD ST., #273
MIAMI, FL 33131

New Mailing Address:

1001 BRICKELL DRIVE
SUITE 1710
MIAMI, FL 33131

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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: SORIANO, ALFONSO
Address: 1001 BRICKELL BAY DR., SUITE 1710
City-St-Zip: MIAMI, FL 33131

Title: D ( ) Delete
Name: ASTACIO, LEONARDO
Address: 1001 BRICKELL BAY DR., SUITE 1710
City-St-Zip: MIAMI, FL 33131

Title: D ( ) Delete
Name: COLLAR, JUAN C
Address: 1001 BRICKELL BAY DR., SUITE 1710
City-St-Zip: MIAMI, FL 33131

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition
Name: SORIANO, ALFONSO
Address: 1001 BRICKELL BAY DR., SUITE 1710
City-St-Zip: MIAMI, FL 33131

Title: DVP (X) Change ( ) Addition
Name: ASTACIO, LEONARDO
Address: 1001 BRICKELL BAY DR., SUITE 1710
City-St-Zip: MIAMI, FL 33131

Title: DT (X) Change ( ) Addition
Name: COLLAR, JUAN C
Address: 1001 BRICKELL BAY DR., SUITE 1710
City-St-Zip: MIAMI, FL 33131

Title: S ( ) Change (X) Addition
Name: FERNANDEZ, ANTHONY
Address: 1001 BRICKELL BAY DRIVE, SUITE 1710
City-St-Zip: MIAMI, FL 33131

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: ALFONSO SORIANO DP 03/06/2009

Electronic Signature of Signing Officer or Director — Date