

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000006210

FILED  
Feb 24, 2009  
Secretary of State

**Entity Name:** TICO TORRES CHILDREN FOUNDATION INC.

**Current Principal Place of Business:**

470 MARINER DRIVE  
JUPITER, FL 33477

**New Principal Place of Business:**

**Current Mailing Address:**

150 AIRPORT ROAD  
SUITE 1000  
LAKEWOOD, NJ 08701

**New Mailing Address:**

**FEI Number:** 26-2904805

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

A.R.S. & ASSOCIATES, INC.  
20810 WEST DIXIE HIGHWAY  
NORTH MIAMI BEACH, FL 33180 US

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

TORRES, HECTOR S PD  
470 MARINER DRIVE  
JUPITER, FL 33477 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: HECTOR S. TORRES

02/24/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: TORRES, HECTOR S  
Address: 470 MARINER DRIVE  
City-St-Zip: JUPITER, FL 33477

Title: SD ( ) Delete  
Name: FRANANO, GINA  
Address: 5070 PGA BOULEVARD, SUITE 204  
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: TD ( ) Delete  
Name: APUZZO, JOSEPH CPA  
Address: 150 AIRPORT ROAD, SUITE 1000  
City-St-Zip: LAKEWOOD, NJ 08701

**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: HECTOR S. TORRES

PD

02/24/2009

Electronic Signature of Signing Officer or Director

Date