

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000005216

FILED  
Mar 08, 2012  
Secretary of State

**Entity Name:** THE MAMI DORA FOUNDATION, INC.

**Current Principal Place of Business:**

9122 NW 113 ST  
HIALEAH GARDENS, FL 33018

**New Principal Place of Business:**

**Current Mailing Address:**

9122 NW 113 ST  
HIALEAH GARDENS, FL 33018

**New Mailing Address:**

**FEI Number:** 26-4814203

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SOSA, JOSEPH  
9122 NW 113 ST  
HIALEAH GARDENS, FL 33018 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: P  
Name: SOSA, JOSEPH  
Address: 9122 NW 113 ST  
City-St-Zip: HIALEAH GARDENS, FL 33018

Title: VP  
Name: ALDERMAN, ANA P  
Address: 5424 GENE CIR  
City-St-Zip: WEST PALM BEACH, FL 33415

Title: T  
Name: SOSA, LUIS G  
Address: 9211 NW 113 ST  
City-St-Zip: HIALEAH GARDENS, FL 33018

Title: S  
Name: KEROLLE, GRACIA  
Address: 1232 NW 137 AVE  
City-St-Zip: PEMBROKE PINES, FL 33028

Title: D  
Name: UMLAUF, SHIRLEY M  
Address: 4743 GRAND CYPRESS CIRCLE NORTH  
City-St-Zip: COCONUT CREEK, FL 33073

I hereby 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 all other like empowered.

SIGNATURE: JOSEPH SOSA

PRES

03/08/2012

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

\_\_\_\_\_  
Date