

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000005573

FILED  
Mar 02, 2012  
Secretary of State

**Entity Name:** STUDENTS WITH HEART FOUNDATION, INC.

**Current Principal Place of Business:**

7900 HARBOR ISLAND DRIVE  
APT. 509  
NORTH BAY VILLAGE, FL 33141 US

**New Principal Place of Business:**

**Current Mailing Address:**

7900 HARBOR ISLAND DRIVE  
APT. 509  
NORTH BAY VILLAGE, FL 33141 US

**New Mailing Address:**

**FEI Number:** 27-2829832

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GROSS, MICHAEL J  
7900 HARBOR ISLAND DRIVE  
APT. 509  
NORTH BAY VILLAGE, FL 33141 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:** GROSS, MICHAEL J  
**Address:** 7900 HARBOR ISLAND DRIVE, APT. 509  
**City-St-Zip:** NORTH BAY VILLAGE, FL 33141 US

**Title:** T  
**Name:** PINO, ALEJANDRO  
**Address:** 2691 SW 140 AVENUE  
**City-St-Zip:** MIAMI, FL 33175 US

**Title:** S  
**Name:** THOMAS, TRAVIS N  
**Address:** 13805 MOORPARK STREET, APT. 8  
**City-St-Zip:** SHERMAN OAKS, CA 91423 US

**Title:** MR  
**Name:** BELL, JONATHAN  
**Address:** 627 EAST 236 STREET  
**City-St-Zip:** BRONX, NY 10466 US

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:** MICHAEL GROSS

PRES

03/02/2012

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

\_\_\_\_\_  
Date