

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000007715

FILED  
Feb 04, 2011  
Secretary of State

**Entity Name:** LOZANO-BUCHELY FOUNDATION CORP.

**Current Principal Place of Business:**

8992 SHADOW WOOD BLVD  
CORAL SPRINGS, FL 33071

**New Principal Place of Business:**

**Current Mailing Address:**

8992 SHADOW WOOD BLVD  
CORAL SPRINGS, FL 33071

**New Mailing Address:**

**FEI Number:** 27-3276653

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LOZANO, SERGIO E SR.  
8992 SHADOW WOOD BLVD  
CORAL SPRINGS, FL 33071 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:** LOZANO, SERGIO E SR.  
**Address:** 8992 SHADOW WOOD BLVD  
**City-St-Zip:** CORAL SPRINGS, FL 33071

**Title:** VP  
**Name:** BUCHELY, MARTHA M  
**Address:** 8992 SHADOW WOOD BLVD  
**City-St-Zip:** CORAL SPRINGS, FL 33071

**Title:** SEC  
**Name:** CASTRO, IRIS  
**Address:** 2816 NE 12TH AVE  
**City-St-Zip:** POMPANO BEACH, FL 33064

**Title:** TRES  
**Name:** CRUZ, AMANDA  
**Address:** 278 NE 42ND ST  
**City-St-Zip:** POMPANO BEACH, FL 33064

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:** SERGIO LOZANO

P

02/04/2011

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

\_\_\_\_\_  
Date