

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11000004263

FILED  
Jan 05, 2012  
Secretary of State

**Entity Name:** THE MARIANO FOUNDATION, INC.

**Current Principal Place of Business:**

401 EAST LAS OLAS BLVD.  
SUITE 1650  
FORT LAUDERDALE, FL 33301 US

**New Principal Place of Business:**

**Current Mailing Address:**

401 EAST LAS OLAS BLVD.  
SUITE 1650  
FORT LAUDERDALE, FL 33301 US

**New Mailing Address:**

**FEI Number:** 45-2115643

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

PIZZO, CHRISTOPHER L  
401 EAST LAS OLAS BLVD.  
SUITE 1650  
FORT LAUDERDALE, FL 33301 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 P  
**Name:** MARIANO, STEVEN M  
**Address:** 401 EAST LAS OLAS BLVD., SUITE 1650  
**City-St-Zip:** FORT LAUDERDALE, FL 33301 US

**Title:** D S  
**Name:** PIZZO, CHRISTOPHER L  
**Address:** 401 EAST LAS OLAS BLVD., SUITE 1650  
**City-St-Zip:** FORT LAUDERDALE, FL 33301 US

**Title:** D  
**Name:** MARIANO, MACY  
**Address:** 401 EAST LAS OLAS BLVD., SUITE 1650  
**City-St-Zip:** FORT LAUDERDALE, FL 33301 US

**Title:** T  
**Name:** DEL PIZZO, JOHN R  
**Address:** 401 EAST LAS OLAS BLVD., SUITE 1650  
**City-St-Zip:** FORT LAUDERDALE, FL 33301 US

**Title:** AS  
**Name:** DAVIS, KIMBERLY  
**Address:** 401 EAST LAS OLAS BLVD., SUITE 1650  
**City-St-Zip:** FORT LAUDERDALE, FL 33301 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:** KIMBERLY DAVIS

AS

01/05/2012

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

\_\_\_\_\_  
Date