2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Jan 17, 2007 8:00 am Secretary of State

DOCUMENT # N12776 1. Entity Name CARMEN REBOZO FOUNDATION, INC.					N		0052 022 ****61	
	re of Business TH AVE SUITE 200 3133 US	Mailing Address 6274 SW 35ST MIAMI, FL 33155	US	•		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		Bianibi arawa
2. Principal Place of Business - No P.O. Box # 3. Mailing Address 6274 S.W . 35 St.								
Suite, Apt.		Suite, Apt. #, etc			01032007 C	Chg-NP	CR2E037 (12/06)
City & Stat		City & State	·		4. FEI Number 59-26673	97	— —	Applied For Not Applicable
Zip 33 (Country	Zip	Cou	untry	5. Certificate of S	Status Desired	□ \$8.75 A Fee Requi	dditional
	6. Name and Address of Curren	t Registered Agent			7. Name and Ad	dress of New I	Registered Agent	
GIIII ARTI	= OLGA			Name				
GUILARTE, OLGA 6274 SW 35ST MIAMI, FL 33155				Street Addre	ess (P.O. Box Number is	Not Acceptabl	e)	
				City			FL Zip Co	
8. The above the obligation	named entity submits this statement f tions of registered agent.	or the purpose of changir	g its register	ed office or regi	istered agent, or both, in	n the State of FI	orida. I am familiar wit	h, and accept
SIGNATURE	Signature, typed or prinkd name of registered agen	te	(NOTE Registere	d Agent signature rec	quired when reinstaling)		Jan 10, 200	7
ļ	1 000	OVILARIC					·	
	Filing Fee is \$61.25 Due by May 1, 2007	9. Election	Campaign Fund Contribut		\$5.00 May Be Added to Fees		fake check payable rida Department of	
10.	Filing Fee is \$61.25 Due by May 1, 2007 OFFICERS AND D	9. Election Trust Fu			Added to Fees	Flo		State
TITLE	Filing Fee is \$61.25 Due by May 1, 2007 OFFICERS AND D	9. Election Trust Fu	Ind Contribut	ion.	Added to Fees	Flo	rida Department of	State IN 10
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The least certify that the information supplied with this tiling does not qualify for the exemptions contained in Chapter 119, Florida Statutes, it further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAN 10, 2007 (305) 773-262

Daytime Phone #