


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 16, 2008 08:00 A
Secretary of State

DOCUMENT # N12776
1. Entity Name
CARMEN REBOZO FOUNDATION, INC.



Principal Place of Business
**6274 S.W. 35 STREET
MIAMI, FL 33155 US**

Mailing Address
**6274 SW 35ST
MIAMI, FL 33155 US**

DO NOT WRITE IN THIS SPACE



01062008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2667397	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**GUILARTE, OLGA
6274 SW 35ST
MIAMI, FL 33155**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST GUILARTE, OLGA 6274 SW 35ST MIAMI, FL 33155
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD REBOZO, CHARLES F 12400 SW 62ND AVE. MIAMI, FL 33156
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**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I 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: *Olga Guilarte* **OLGA GUILARTE SECRETARY/TREAS.** 01/10/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #