

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N20830

FILED
Mar 01, 2011
Secretary of State

Entity Name: HFSF GRANTS MANAGEMENT, INC.

Current Principal Place of Business:

ONE BISCAYNE TOWER, 2 S. BISCAYNE BLVD.
STE. #1710
MIAMI, FL 33131 US

New Principal Place of Business:

Current Mailing Address:

ONE BISCAYNE TOWER, 2 S. BISCAYNE BLVD.
STE. #1710
MIAMI, FL 33131 US

New Mailing Address:

FEI Number: 65-0005383 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

ADAMS, RICHARD B JR.
ADAMS & ADAMS
155 S. MIAMI AVENUE, 9TH FLOOR
MIAMI, FL 33130 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
Name: GROSSMAN, DIVINA
Address: ONE BISCAYNE TOWER, 2 S. BISCAYNE BLVD.
City-St-Zip: MIAMI, FL 33131 US

Title: D
Name: PASALODOS, OMAR
Address: ONE BISCAYNE TOWER, 2 S. BISCAYNE BLVD.
City-St-Zip: MIAMI, FL 33131 US

Title: C
Name: GILMORE, KAREN
Address: ONE BISCAYNE TOWER, 2 S. BISCAYNE BLVD.
City-St-Zip: MIAMI, FL 33131 FL

Title: P
Name: MARCUS, STEVEN E
Address: ONE BISCAYNE TOWER, 2 S. BISCAYNE BLVD.
City-St-Zip: MIAMI, FL 33131 FL

Title: CFO
Name: KATHY, ANTIEAU J
Address: ONE BISCAYNE TOWER, 2 S. BISCAYNE BLVD
City-St-Zip: MIAMI, FL 33131 FL

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: KATHY ANTIEAU

CFO

03/01/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date