

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 11, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N22383</b> 1. Entity Name <b>ERNESTO LECUONA FOUNDATION, INC.</b>					
Principal Place of Business <b>234 ANTIQUERA AVENUE #12 CORAL GABLES, FL 33134</b>			Mailing Address <b>234 ANTIQUERA AVENUE #12 CORAL GABLES, FL 33134</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State		City & State		07062007 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number <b>59-2849337</b>	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		<b>\$8.75</b> Additional Fee Required			
6. Name and Address of Current Registered Agent  <b>CHABEBE, JORGE B 234 ANTIQUERA AVENUE #12 CORAL GABLES, FL 33134</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		
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.			UD00000768415 07/12/07-80011-003 70.00		
SIGNATURE: _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>			(NOTE: Registered Agent signature required when reinstating) _____ <small>DATE</small>		
<b>Filing Fee is \$61.25 Due by September 14, 2007</b>		9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
<b>Make check payable to Florida Department of State</b>					
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <b>10. OFFICERS AND DIRECTORS</b> </div> <div style="width: 48%;"> <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b> </div> </div>					
TITLE	PD <b>CHABEBE, JORGE B</b> <b>234 ANTIQUERA AVE</b> <b>CORAL GABLES, FL</b>	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HAYDEE, ALFARO</b>		NAME		
STREET ADDRESS	<b>2741 SW 25TH TERRACE</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>MIAMI, FL</b>		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>QUINTANA, GLADYS</b>		NAME		
STREET ADDRESS	<b>231 NW 9TH ST #3</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>MIAMI, FL</b>		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>VALDES, ARMANDO S</b>		NAME		
STREET ADDRESS	<b>7021 16 ST N</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>TAMPA, FL</b>		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>VALDES, ARMANDO P JR.</b>		NAME		
STREET ADDRESS	<b>1821 15 ST N</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>TAMPA, FL</b>		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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.					
<b>SIGNATURE:</b> <u><i>X Jorge Ben Chabeb</i></u> <span style="float: right;">07/02/07 (305) 448-1838.</span>					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					