2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2009
Secretary of State

DOCUMENT# N22383

Entity Name: ERNESTO LECUONA FOUNDATION, INC.

Current Principal Place of Business:

234 ANTIQUERA AVENUE
#12
CORAL GABLES, FL 33134

New Principal Place of Business:

Current Mailing Address:

234 ANTIQUERA AVENUE
#12
CORAL GABLES, FL 33134

New Mailing Address:

FEI Number: 59-2849337 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

CHABEBE, JORGE B
234 ANTIQUERA AVENUE
#12
CORAL GABLES, FL 33134 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:	PD	( ) Delete
Name:	CHABEBE, JORGE B	
Address:	234 ANTIQUERA AVE	
City-St-Zip:	CORAL GABLES, FL	
Title:	SD	( ) Delete
Name:	HAYDEE, ALFARO	
Address:	2741 SW 25TH TERRACE	
City-St-Zip:	MIAMI, FL	
Title:	TD	( ) Delete
Name:	QUINTANA, GLADYS	
Address:	231 NW 9TH ST #3	
City-St-Zip:	MIAMI, FL	
Title:	VP	( ) Delete
Name:	VALDES, ARMANDO S	
Address:	7821 16 ST N	
City-St-Zip:	TAMPA, FL	
Title:	VP	( ) Delete
Name:	VALDES, ARMANDO P JR.	
Address:	1821 15 ST N	
City-St-Zip:	TAMPA, FL	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: JORGE B CHABEBE PD 04/23/2009

Electronic Signature of Signing Officer or Director — Date