

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 23, 2008 8:00 am
Secretary of State

07-23-2008 90015 013 ****61.25

DOCUMENT # N26283

1. Entity Name
JOSE MARTI FOUNDATION, INC.



Principal Place of Business
**2000 NW 92 AVE.
MIAMI, FL 33172**

Mailing Address
**2000 NW 92 AVE.
SUITE 602
MIAMI, FL 33172 US**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

07192008 Chg-NP CR2E037 (12/06)

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**BADIA, ARNHILDA
600 BILTMORE WAY
#414
MIAMI, FL 33134**

7. Name and Address of New Registered Agent

Name **ARNHILDA BADIA**

Street Address (P.O. Box Number is Not Acceptable)

2401 Anderson Rd. #17

City **Coral Gables**

FL

Zip Code **33134**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee Is \$61.25
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME **PD**
STREET ADDRESS **BADIA, ARNHILDA**
CITY-ST-ZIP **600 BILTMORE WAY, #414
MIAMI, FL 33134**

TITLE ☐ Delete
NAME **VD**
STREET ADDRESS **ORTEGA, JOSE**
CITY-ST-ZIP **2000 NW 92ND AVE
MIAMI, FL**

TITLE ☐ Delete
NAME **TD**
STREET ADDRESS **FERRER, ELISEO**
CITY-ST-ZIP **175 FONTANBLEAU BLVD #2E
MIAMI, FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS **2401 Anderson Rd. #17**
CITY-ST-ZIP **Coral Gables, FL 33134**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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.

SIGNATURE: *Arnhilda Badia, President*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/16/08 (305) 527-2343

Date

Daytime Phone #