

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N26284

FILED  
Mar 24, 2009  
Secretary of State

**Entity Name:** JOSE MARTI SCHOLARSHIP FOUNDATION (BECAS JOSE MARTI), INC.

**Current Principal Place of Business:**

2000 NW 92 AVE.  
MIAMI, FL 33172 US

**New Principal Place of Business:**

**Current Mailing Address:**

2000 NW 92 AVE.  
MIAMI, FL 33172 US

**New Mailing Address:**

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

**Name and Address of Current Registered Agent:**

BADIA, ARNHILDA  
2401 ANDERSON RD. #17  
MIAMI, FL 33134 US

**Name and Address of New Registered Agent:**

BADIA, ARNHILDA  
2401 ANDERSON RD. #17  
MIAMI, FL 33134 US

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: ARNHILDA BADIA

03/24/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: BADIA, ARNHILDA,  
Address: 2401 ANDERSON ROAD #17  
City-St-Zip: MIAMI, FL 33134

Title: VD ( ) Delete  
Name: ORTEGA, JOSE,  
Address: 2000 NW 92ND AVE  
City-St-Zip: MIAMI, FL

Title: TD ( ) Delete  
Name: FERRER, ELISEO,  
Address: 175 FONTANBLEAU BLVD. #2E  
City-St-Zip: MIAMI, FL 33126

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: BADIA, ARNHILDA  
Address: 2401 ANDERSON ROAD #17  
City-St-Zip: MIAMI, FL 33134

Title: VD (X) Change ( ) Addition  
Name: ORTEGA, JOSE  
Address: 2000 NW 92ND AVE  
City-St-Zip: MIAMI, FL

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: ARNHILDA BADIA

PRES

03/24/2009

Electronic Signature of Signing Officer or Director

Date