

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # N38885

1. Entity Name
**ADORNO & YOSS EMPLOYEES CHARITABLE
FOUNDATION, INC.**



Principal Place of Business

**2601 S. BAYSHORE DR.
SUITE 1600
MIAMI, FL 33133 US**

Mailing Address

**2601 S. BAYSHORE DR.
SUITE 1600
MIAMI, FL 33133 US**

FILED
04 JUL -7 PM 4:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



06302004 No Chg-NP CR2E037 (10/03)

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4. FEI Number
65-0202632

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**GUERRA, PHILLIP
2601 S BAYSHORE DRIVE
SUITE 1600
MIAMI, FL 33133**

**DO NOT WRITE
IN THIS SPACE**

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 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ADORNO, HENRY N. 2601 S BAYSHORE DR,#1600 MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T YOSS, GEORGE T 2601 S BAYSHORE DR,#1600 MIAMI, FL 33133
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT GUERRA, PHILLIP 2601 S. BAYSHORE ADRIVE, STE. 1600 MIAMI, FL 33133
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

600039575806
07/27/04--01079--001 **\$1.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Phillip Guerra*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-6-2004 305.860.7015
Date Daytime Phone #