
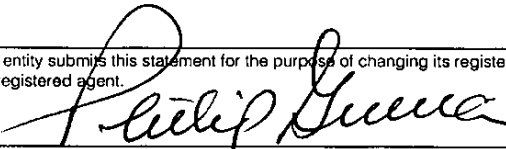
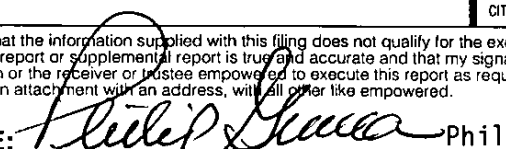


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # N38885</b> 1. Entity Name <b>ADORNO &amp; YOSS EMPLOYEES CHARITABLE FOUNDATION, INC.</b>			
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	
2. Principal Place of Business 2525 Ponce deLeon Blvd. Suite, Apt. #, etc. Suite 400 City & State Coral Gables, FL Zip 33134		3. Mailing Address 2525 Ponce deLeon Blvd. Suite, Apt. #, etc. Suite 400 City & State Coral Gables, FL Zip 33134	
Country USA		Country USA	
6. Name and Address of Current Registered Agent GUERRA, PHILLIP 2601 S BAYSHORE DRIVE SUITE 1600 MIAMI, FL 33133		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 2525 Ponce deLeon Boulevard Suite 400 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. <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="width: 40%;">           SIGNATURE   <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div style="width: 30%; text-align: center;"> <b>Philip Guerra</b>  <small>(NOTE: Registered Agent signature required when reinstating)</small> </div> <div style="width: 30%; text-align: right;">           January 18, 2005  <small>DATE</small> </div> </div>			
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
Make check payable to <b>Florida Department of State</b>			
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE	T ADORNO, HENRY N. <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2525 Ponce deLeon Blvd., Suite 400 Coral Gables, FL 33134
NAME	2601 S BAYSHORE DR, #1600	NAME	
STREET ADDRESS	MIAMI, FL	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	T YOSS, GEORGE T <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition 2525 Ponce deLeon Blvd., Suite 400 Coral Gables, FL 33134
NAME	2601 S BAYSHORE DR, #1600	NAME	
STREET ADDRESS	MIAMI, FL 33133	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	PT GUERRA, PHILLIP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition 2525 Ponce deLeon Blvd., Suite 400 Coral Gables, FL 33134
NAME	2601 S. BAYSHORE ADRIVE, STE. 1600	NAME	
STREET ADDRESS	MIAMI, FL 33133	STREET ADDRESS	
CITY-ST-ZIP		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	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition 100045552221 01/28/05--01010--017 **\$1.25
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Philip Guerra January 18, 2005 (305) 460-1015 <small>Date Daytime Phone #</small>	

FILED  
05 JAN 20 AM 9:05  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



01102005 Chg-NP CR2E037 (10/03)

4. FEI Number 65-0202632 Applied For Not Applicable

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