

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2006 8:00 am
Secretary of State

02-21-2006 90011 039 ****70.00

DOCUMENT # N93000005147 1. Entity Name DELLUTRI'S CHRIST.MAS FOUNDATION, INC.					
Principal Place of Business 301 NW 36 STREET MIAMI, FL 33127			Mailing Address 301 NW 36 STREET MIAMI, FL 33127		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		 01262006 Chg-NP CR2E037 (11/05)	
City & State		City & State			
Zip		Zip			
Country		Country			
4. FEI Number 65-0453261				Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DELLUTRI, MARIA E 301 NW 36 STREET MIAMI, FL 33127				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE:</small>					
Filing Fee Is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST DELLUTRI, MARIA ELENA <input type="checkbox"/> Delete 225 NE 175 ST N MIAMI BEACH, FL 33162		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition DELLUTRI, MARIA ELENA 5075 SW 73 AVENUE DAVIE, FLORIDA 33314	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD DELLUTRI, SALVATORE <input type="checkbox"/> Delete 225 NE 175 ST N MIAMI BEACH, FL 33162		TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition DELLUTRI, SALVATORE 5075 SW 73 AVENUE DAVIE, FLORIDA 33314	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DELLUTRI, ELENA <input type="checkbox"/> Delete 5075 SW 73RD AVE DAVIE, FL 33314		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition DELLUTRI, SAMANTHA 5075 SW 73 AVENUE DAVIE, FLORIDA 33314	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVPD FERNANDEZ, FRANK <input type="checkbox"/> Delete 290 ALAHAMBRA CIR CORAL GABLES, FL 33134		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PREO THOMPSON, KIMBERLEY D <input type="checkbox"/> Delete 1992 NW 183 AVENUE HOLLYWOOD, FL 33029		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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:			MARIA ELENA DELLUTRI 2/6/06 (305) 576-8866		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		