

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 17, 2008 08:00 AM
Secretary of State

DOCUMENT # N93000005147

1. Entity Name
DELLUTRI'S CHRISTMAS FOUNDATION, INC.



Principal Place of Business

301 NW 36 STREET
MIAMI, FL 33127

Mailing Address

301 NW 36 STREET
MIAMI, FL 33127



01122008 No Chg-NP

CR2E037 (4/06)

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4. FEI Number
65-0453261

Applied For
Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DELLUTRI, MARIA E
301 NW 36 STREET
MIAMI, FL 33127

**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)

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000788412
01/18/08-80039-023 70.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DST
DELLUTRI, MARIA ELENA
5075 SW 73 AVE
DAVIE, FL 33314

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CD
DELLUTRI, SALVATORE
5075 SW 73 AVE
DAVIE, FL 33317

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
DELLUTRI, ELENA
5075 SW 73RD AVE
DAVIE, FL 33314

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SVPD
FERNANDEZ, FRANK
301 NW 36TH ST
MIAMI, FL 33127

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PREO
THOMPSON, KIMBERLEY D
1992 NW 183 AVENUE
HOLLYWOOD, FL 33029

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
DELLUTRI, SAMANTHA
5075 SW 73 AVE
DAVIE, FL 33314

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Maria Elena Dellutri, Director 1-14-08 305-596-8866