

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 26, 2008 8:00 am
Secretary of State

02-26-2008 90008 015 ****70.00

DOCUMENT # N94000002390	
1. Entity Name FUNDACION PADRE SANTANA, CUBANOS CON FE EN ACCION INC.	

Principal Place of Business 807 SW 25TH AVENUE, #202A MIAMI FL 33135 US	Mailing Address 807 SW 25TH AVENUE, #202A MIAMI FL 33135 US
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2. Principal Place of Business - No P.O. Box # 807 SW 25 AVE	3. Mailing Address 807 SW 25 AVE
Suite, Apt. #, etc. # 205	Suite, Apt. #, etc. # 205
City & State MIAMI FL	City & State MIAMI FL
Zip 33135	Country USA

1st MOORE CR2E037 (10/07)

6. Name and Address of Current Registered Agent SOTO, III, ANTONIO J ESQ. 8500 W. FLAGLER STREET, A-05 MIAMI FL 33144-2054	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	Zip Code
FL	

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 _____

FILE NOW - FEB IS \$61.25 Due By May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ARRONDO, JUAN A 8415 SW 107TH AVENUE, APT 204W MIAMI FL 33173 ☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MARTINEZ, MARIA D 7106 SW 103 PLACE MIAMI FL 33173 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD STEINBACH, MARIA A 7106 SW 103 PLACE MIAMI FL 33173 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Arrondo, Juan A. 130 S. Douglas Rd. #PH7 Coral Gables FL 33134 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 A. Steinbach* **Maria A. Steinbach, Secretary 2-15-08 305-642-3604**