

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2007 8:00 am
Secretary of State

04-18-2007 90157 030 ****61.25

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1. Entity Name
FUNDACION INTERNACIONAL AMIGOS DEL NINO CON
CANCER, INC.



Principal Place of Business
P.O. BOX 432194
SOUTH MIAMI, FL 33243-2194

Mailing Address
P.O. BOX 432194
SOUTH MIAMI, FL 33243-2194

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03052007

Chg-NP

CR2E037 (12/06)

4. FEI Number
65-0714933

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MARTINEZ, BEATRIZ
1101 BRICKELL AVE
SUITE 1102-B
MIAMI, FL 33131

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 fee if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

Filing Fee is \$61.25
Due by May 1, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$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 PD ☐ Delete
NAME BEATRIZ, MARTINEZ
STREET ADDRESS 7809 SW 102 LN
CITY-STATE-ZIP MIAMI, FL 33156

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-STATE-ZIP ☐ Change ☐ Addition

TITLE VD ☐ Delete
NAME ANELIES, BOSCHETTI
STREET ADDRESS 3 GROVE ISLAND DR., APT 309
CITY-STATE-ZIP MIAMI, FL 33133

TITLE VD ☒ Change ☐ Addition
NAME ANELIES BOSCHETTI
STREET ADDRESS 3020 Mc DONALD ST
CITY-STATE-ZIP MIAMI - FL 33133

TITLE D ☐ Delete
NAME MARTINEZ, HEIDI
STREET ADDRESS 181 VERA COURT
CITY-STATE-ZIP CORAL GABLES, FL 33143

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-STATE-ZIP ☐ Change ☐ Addition

TITLE D ☐ Delete
NAME MENDOZA, LOURDES J
STREET ADDRESS 4779 COLLINS AVE., STE 3505
CITY-STATE-ZIP MIAMI BEACH, FL 33140

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-STATE-ZIP ☐ Change ☐ Addition

TITLE D ☐ Delete
NAME GARCIA, HAMBLET
STREET ADDRESS 1550 BISCAYNE BLVD.
CITY-STATE-ZIP MIAMI, FL 33132

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-STATE-ZIP ☐ Change ☐ Addition

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-STATE-ZIP ☐ Change ☐ 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: *Lucia de Boschetti*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

* 04 / 14 / 07