


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2008 08:00 AM
Secretary of State

DOCUMENT # N96000005734	
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
--	--

DO NOT WRITE IN THIS SPACE



01162008 No Chg-NP CR2E037 (4/06)

4. FEI Number 65-0714933	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent MARTINEZ, BEATRIZ 1101 BRICKELL AVE SUITE 1102-B MIAMI, FL 33131	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000832435 02/27/08-80058-011 61.25
---	--	---

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD BEATRIZ, MARTINEZ 7809 SW 102 LN MIAMI, FL 33156
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD ANELIES, BOSCHETTI 3220 MCDONALD ST MIAMI, FL 33133
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MARTINEZ, HEIDI 181 VERA COURT CORAL GABLES, FL 33143
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MENDOZA, LOURDES J 4779 COLLINS AVE., STE 3505 MIAMI BEACH, FL 33140
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GARCIA, HAMBLET 1550 BISCAYNE BLVD. MIAMI, FL 33132
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

DO NOT WRITE
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:  **02/08/08 305-9347128**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

 **986-277-6959**