2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000005760

Entity Name: SANCHEZ FAMILY FOUNDATION, INC.

FILED Apr 04, 2005 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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1790 BAY DRIVE

MIAMI BEACH, FL 33141 US

Current Mailing Address: New Mailing Address:

1790 BAY DRIVE

MIAMI BEACH, FL 33141 US

FEI Number: 65-0707785 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SANCHEZ, ROBERTO 1790 BAY DRIVE

MIAMI BEACH, FL 33141 US

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.

SIGNATURE:

Name:

Name:

Address:

City-St-Zip:

Address:

City-St-Zip:

Electronic Signature of Registered Agent

Date

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

OFFICERS AND DIRECTORS:

(X) Change () Addition SANCHEZ, ROBERTO

MIAMI BEACH, FL 33141 US

MIAMI BEACH, FL 33141 US

1790 BAY DRIVE

SANCHEZ, MARIA E

1790 BAY DRIVE

() Delete SANCHEZ, ROBERTO Name: 1790 BAY DRIVE Address:

City-St-Zip: MIAMI BEACH, FL 33141

> () Delete Title: (X) Change () Addition

Title: SD Name: SANCHEZ, MARIA E Address: 1790 BAY DRIVE

City-St-Zip: MIAMI BEACH, FL 33141

Title: () Delete Title: (X) Change () Addition SANCHEZ, ROBERTO III Name: SANCHEZ, ROBERTO III Name:

Address: 1790 BAY DRIVE Address: 1790 BAY DRIVE City-St-Zip: MIAMI BEACH, FL 33141 City-St-Zip: MIAMI BEACH, FL 33141 US

Title: () Delete Title: () Change (X) Addition

Name: Name: SANCHEZ, MONIQUE M Address: Address: 1790 BAY DRIVE

City-St-Zip: City-St-Zip: MIAMI BEACH, FL 33141 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERTO SANCHEZ MR 04/04/2005