



**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 09, 2007 08:00 AM
Secretary of State

DOCUMENT # N97000000219 1. Entity Name THE VICTOR I. LOPEZ FOUNDATION FOR THE BADEN POWELL HOUSE IN MIAMI, INC.	
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Principal Place of Business 2019 S.W. 16 STREET MIAMI, FL 33145	Mailing Address 2019 S.W. 16 STREET MIAMI, FL 33145
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DO NOT WRITE IN THIS SPACE



01032007 No Chg-NP CR2E037 (4/06)

4. FEI Number 65-0731352	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**LOPEZ, VICTOR I
2019 S.W. 16 STREET
MIAMI, FL 33145**

**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 P/A (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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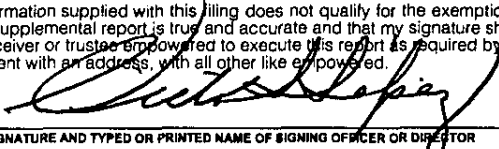
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	S TARACIDO, CARLOS MD 12021 SW. 37TH TERRACE MIAMI, FL 33175
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GARCES, VIVIAN 1411 MILAN AVENUE CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PC LOPEZ, VICTOR IVAN 2019 S.W. 16 STREET MIAMI, FL 33145
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LOPEZ, CATHERINE 2019 SW 16 STREET MIAMI, FL 33145
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HERNANDEZ, ANTONIO M. 8218 VIA BELLA NATTE ORLANDO, FL 32836
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DOMINGUEZ, MARIANO 6450 SW 135 AVE MIAMI, FL 33183

**DO NOT WRITE
IN THIS SPACE**

000000580420
01/10/07-80047-012 70.00

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:  **1/3/2007**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #