




# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2008 8:00 am**  
**Secretary of State**

04-28-2008 90393 014 \*\*\*\*61.25

<b>DOCUMENT # N97000001398</b>					
<b>1. Entity Name</b> LARGAY FOUNDATION, INC.					
<b>Principal Place of Business</b> 4627 PONCE DE LEON BOULEVARD CORAL GABLES, FL 33146			<b>Mailing Address</b> 4627 PONCE DE LEON BOULEVARD CORAL GABLES, FL 33146		
<b>2. Principal Place of Business - No P.O. Box #</b> 9401 NW 106TH ST.		<b>3. Mailing Address</b> 9401 NW 106TH ST.			
Suite, Apt. #, etc. SUITE 101		Suite, Apt. #, etc. SUITE 101			
City & State MEDLEY FL		City & State MEDLEY, FL			
Zip 33178		Zip 33178			
Country USA		Country USA		04162008    Chg-NP    CR2E037 (12/06)	
<b>4. FEI Number</b> 65-0734278				Applied For <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  NOSTRO, LOUIS 201 SOUTH BISCAYNE BOULEVARD 1600 MIAMI CENTER MIAMI, FL 33131			<b>7. Name and Address of New Registered Agent</b>  Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL    Zip Code _____		
<b>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.</b>					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2008</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP LARGAY, CHARLES E 9401 N.W. 106TH STREET, SUITE 101 MIAMI, FL 33178	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPS LARGAY, CHARLES E JR. 9401 N.W. 106TH STREET, SUITE 101 MIAMI, FL 33178	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT WITTMER, STEVEN C 4627 PONCE DE LEON BOULEVARD CORAL GABLES, FL 33146	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
<b>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.</b>					
<b>SIGNATURE</b> 			04/25/08    305-885-2458		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR CHARLES E. LARGAY, JR. SECRETARY			Date    Daytime Phone #		