

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000005429

FILED  
Feb 05, 2009  
Secretary of State

Entity Name: SAN PABLO FOUNDATION, INC.

## Current Principal Place of Business:

100 N.E. THIRD AVENUE  
SUITE 100  
FT. LAUDERDALE, FL 33301

## New Principal Place of Business:

## Current Mailing Address:

1395 BRICKELL AVENUE  
14TH FLOOR-JCS  
MIAMI, FL 33131

## New Mailing Address:

FEI Number: 65-0803135      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

STRICKROOT, JOHN C  
1395 BRICKELL AVENUE  
14TH FLOOR  
MIAMI, FL 33131 US

## Name and Address of New Registered Agent:

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: MENDOZA, PABLO  
Address: 8778 SW 8TH ST.  
City-St-Zip: MIAMI, FL 33174

Title: VTD ( ) Delete  
Name: RODRIGUEZ, GLORIA  
Address: 8778 SW 8TH ST.  
City-St-Zip: MIAMI, FL 33174

Title: D ( ) Delete  
Name: STRICKROOT, JOHN C  
Address: 1395 BRICKELL AVENUE, 14TH FLOOR  
City-St-Zip: MIAMI, FL 33131

Title: SD ( ) Delete  
Name: MENDOZA, AMELIA  
Address: 1318 S GREENWAY DR  
City-St-Zip: CORAL GABLES, FL 33134

Title: VD ( ) Delete  
Name: SILVA, VERONICA  
Address: 3308 TOLEDO SR  
City-St-Zip: CORAL GABLES, FL 33134

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: PABLO MENDOZA

PD

02/05/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date