

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 15, 2006**  
**Secretary of State**

DOCUMENT# N98000003372

Entity Name: STOVIR FOUNDATION, INC.

**Current Principal Place of Business:**

720 NORTHEAST 27TH STREET  
MIAMI, FL 33137

**New Principal Place of Business:**

**Current Mailing Address:**

720 NORTHEAST 27TH STREET  
MIAMI, FL 33137

**New Mailing Address:**

FEI Number: 31-1626729      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

DE GOYTISOLO, AGUSTIN ESQ  
600 BILTMORE WAY  
APTE. 1205  
CORAL GABLES, FL 331347530 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: DC      ( ) Delete  
Name: LLORENTE, AMANDO REV  
Address: 720 NORTHEAST 27TH STREET  
City-St-Zip: MIAMI, FL 33137

Title: DP      ( ) Delete  
Name: DE LASA, JOSE M ESQ  
Address: 1120 N. LAKE SHORE DRIVE APT.6-B  
City-St-Zip: CHICAGO, IL 60611

Title: DVP      ( ) Delete  
Name: LEON, JESUS PE  
Address: 11537 MANORSTONE LANE  
City-St-Zip: COLUMBIA, MD 21044

Title: DVP      ( ) Delete  
Name: DOMINGUEZ, RAMON PE  
Address: 14001 DRAKE AVENUE  
City-St-Zip: ROCKVILLE, MD 20853

Title: DVP      ( ) Delete  
Name: CABARROCAS, DAVID J A1A  
Address: 4086 EL PRADO BOULEVARD  
City-St-Zip: COCONUT GROVE, FL 33133

Title: DVP      ( ) Delete  
Name: RIONDA, JOSE ANDRES PHD  
Address: 24 COLTS LANE  
City-St-Zip: FLEMINGTON, NJ 08822

**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:

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

I hereby certify that the information supplied with this filing does not qualify for the 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: AGUSTIN DE GOITISOLO

DC

01/15/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date