

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000003372

FILED  
Apr 08, 2009  
Secretary of State

Entity Name: STOVIR FOUNDATION, INC.

**Current Principal Place of Business:**

720 NE 27 STREET  
MIAMI, FL 33137

**New Principal Place of Business:**

**Current Mailing Address:**

720 NE 27 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:**

CORPORATE CREATIONS NETWORK INC.  
11380 PROSPERITY FARMS ROAD #221E  
PALM BEACH GARDENS, FL 33410 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 NE 27 STREET  
City-St-Zip: MIAMI, FL 33137

Title: DP ( ) Delete  
Name: DE LASA, JOSE M ESQ  
Address: 720 NE 27 STREET  
City-St-Zip: MIAMI, FL 33137

Title: DVP ( ) Delete  
Name: LEON, JESUS PE  
Address: 720 NE 27 STREET  
City-St-Zip: MIAMI, FL 33137

Title: DVP ( ) Delete  
Name: DOMINGUEZ, RAMON PE  
Address: 720 NE 27 STREET  
City-St-Zip: MIAMI, FL 33137

Title: DVP ( ) Delete  
Name: CABARROCAS, DAVID J A1A  
Address: 720 NE 27 STREET  
City-St-Zip: MIAMI, FL 33137

Title: DVP ( ) Delete  
Name: RIONDA, JOSE ANDRES PHD  
Address: 720 NE 27 STREET  
City-St-Zip: MIAMI, FL 33137

**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 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: JESUS LEON

VP

04/08/2009

Electronic Signature of Signing Officer or Director

Date