


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

FILED
Apr 25, 2007 08:00 AM
Secretary of State

DOCUMENT # N99000005899 1. Entity Name FERRARO FAMILY FOUNDATION, INCORPORATED	
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Principal Place of Business
4000 PONCE DE LEON BLVD
SUITE 700
MIAMI, FL 33146

Mailing Address
4000 PONCE DE LEON BLVD
SUITE 700
MIAMI, FL 33146



01112007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0953780	Applied For Not Applicable
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5. Certificate of Status Desired ☒ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

KTG&S REGISTERED AGENT CORPORATION
100 SE 2ND ST
SUITE 2800
MIAMI, FL 33131

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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 _____

Signature, typed or printed name of registered agent and title if applicable.

(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. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FERRARO, JAMES L 4000 PONCE DE LEON BLVD STE 700 MIAMI, FL 33146
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FERRARO, LOUIS J 98 VALLEYWOOD RD COS COB, CT 06807
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FERRARO, LUELLA 98 VALLEYWOOD RD COS COB, CT 06807
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U000000731024
05/08/07-80102-024 70.00

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IN THIS SPACE**

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: _____

James L. Ferraro

4/19/07

(305) 375-0111

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #