

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 21, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # N99000005899**

**1. Entity Name**  
**FERRARO FAMILY FOUNDATION, INCORPORATED**



**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**

**DO NOT WRITE IN THIS SPACE**



01252008 No Chg-NP

CR2E037 (4/06)

**4. FEI Number**  
**65-0953780**

**Applied For**  
**Not Applicable**

**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, 2008**

**9. Election Campaign Financing**  
**Trust Fund Contribution.** ☐

**\$5.00 May Be**  
**Added to Fees**

**10. OFFICERS AND DIRECTORS**

**TITLE** D  
**NAME** FERRARO, JAMES L  
**STREET ADDRESS** 4000 PONCE DE LEON BLVD STE 700  
**CITY-ST-ZIP** MIAMI, FL 33146

**TITLE** D  
**NAME** FERRARO, LOUIS J  
**STREET ADDRESS** 98 VALLEYWOOD RD  
**CITY-ST-ZIP** COS COB, CT 06807

**TITLE** D  
**NAME** FERRARO, LUELLA  
**STREET ADDRESS** 98 VALLEYWOOD RD  
**CITY-ST-ZIP** 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**

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**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**

**March 20, 2008**

**(305) 375-0111**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #