

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 18, 2005 8:00 am**  
**Secretary of State**

03-18-2005 90065 026 \*\*\*\*70.00

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<b>DOCUMENT # N99000007160</b> 1. Entity Name <b>CNC FOUNDATION, INC.</b>					
Principal Place of Business <b>1223 S.W. FOURTH STREET MIAMI, FL 33135-2407</b>			Mailing Address <b>1223 S.W. FOURTH STREET MIAMI, FL 33135-2407</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number <b>63-0969496</b>	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent <b>DIAZ, GUARIONE M 1223 S.W. FOURTH STREET MIAMI, FL 33135-2407</b>					
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>					
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>					
TITLE	<b>CD</b> <b>GALAN, JUAN A JR.</b> <b>355 COCOPLUM ROAD</b> <b>MIAMI, FL 33143</b>	<input type="checkbox"/> Delete	TITLE	<b>D</b> <b>JOSIE G. DE GOYTISOLO</b> <b>408 SW 24th ROAD</b> <b>MIAMI, FL 33129</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<b>VPATD</b> <b>PAZOS, ANDRES</b> <b>1223 S.W. FOURTH STREET</b> <b>MIAMI, FL 33135</b>	<input type="checkbox"/> Delete	TITLE	<b>D</b> <b>FRED M. RAWICZ</b> <b>7520 SW 102 ST, APT 204</b> <b>PINECREST, FL 33156</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<b>TD</b> <b>RODRIGUEZ, ANGEL R</b> <b>4961 S.W. 74TH COURT</b> <b>MIAMI, FL 33155</b>	<input type="checkbox"/> Delete	TITLE	<b>D</b> <b>DR RENE F. ROCHA</b> <b>3661 SOUTH MIAMI AVENUE, SUITE 103</b> <b>MIAMI, FL 33133</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<b>PD</b> <b>DIAZ, GUARIONE M</b> <b>1223 SW 4TH STREET</b> <b>MIAMI, FL 33135</b>	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<b>D</b> <b>DE GOYTISOLO, AGUSTIN JR</b> <b>1550 MADRUQA AVE, SUITE 403</b> <b>CORAL GABLES, FL 33146</b>	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<b>D</b> <b>GALAN RICARDO, MARTA</b> <b>129 E 82ND ST APT 5-A</b> <b>NEW YORK, NY 10128</b>	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.					
<b>SIGNATURE: GUARIONE M. DIAZ</b> <i>Guarione M Diaz</i>					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date <b>JAN 05 2005</b>	
				Daytime Phone # <b>(305) 642-3494 x103</b>	