
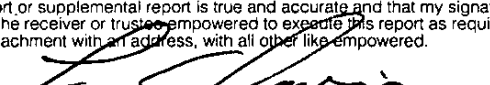


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2006 8:00 am
Secretary of State

03-16-2006 90237 009 ****61.25

| | | | | | |
|--|--|---|---|---|--|
| DOCUMENT # N99000007230 1. Entity Name CHIAVACCI FAMILY FOUNDATION, INC. | | | |  | |
| Principal Place of Business 9500 BANYAN DRIVE CORAL GABLES, FL 33156 | | | Mailing Address 701 BRICKELL AVENUE STE. 3000 MIAMI, FL 33131 | | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | | 3. Mailing Address Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | | Country | | Zip | |
| Country | | Country | | 4. FEI Number 65-1033909 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | Applied For <input type="checkbox"/> | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent INTRASTATE REGISTERD AGENT CORPORATION 701 BRICKELL AVENUE SUITE 3000 MIAMI, FL 33131 | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City | | |
| 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | |
| Filing Fee is \$61.25 Due by May 1, 2006 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| Make check payable to Florida Department of State | | 10. OFFICERS AND DIRECTORS | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | | |
| D <input type="checkbox"/> Delete CHIAVACCI, LOUIS J 9055 BANYAN DRIVE MIAMI, FL 33156 | | D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Chiavacci, Louis J 9500 Banyan Drive Coral Gables, FL 33156 | | | |
| D <input type="checkbox"/> Delete CHIAVACCI, OFELIA MARIA 9055 BANYAN DRIVE MIAMI, FL 33156 | | D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Chiavacci, Ofelia Maria 9500 Banyan Drive Coral Gables, FL 33156 | | | |
| D <input type="checkbox"/> Delete CHIAVACCI, ROBERT 9055 BANYAN DRIVE MIAMI, FL 33156 | | D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Chiavacci, Robert 9500 Banyan Drive Coral Gables, FL 33156 | | | |
| D <input type="checkbox"/> Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP | | D <input type="checkbox"/> Change <input type="checkbox"/> Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | |
| D <input type="checkbox"/> Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP | | D <input type="checkbox"/> Change <input type="checkbox"/> Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | |
| D <input type="checkbox"/> Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP | | D <input type="checkbox"/> Change <input type="checkbox"/> Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | |
| 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:  3-13-06 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | | | |
| Date _____ Daytime Phone # _____ | | | | | |

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01102006 Chg-NP CR2E037 (11/05)