

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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FILED
Jan 03, 2011
Secretary of State

Entity Name: THE ICLA DASILVA FOUNDATION INC.

Current Principal Place of Business:

11-49 47TH AVENUE
2ND FLOOR
LONG ISLAND CITY, NY 11101

New Principal Place of Business:

Current Mailing Address:

11-49 47TH AVENUE
2ND FLOOR
LONG ISLAND CITY, NY 11101

New Mailing Address:

FEI Number: 13-3677332 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

WESLEY, JR., CARLOS
3000 NE 190 STREET
APT 202
AVENTURA, FL 33180 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: D
Name: BIANCO, CELSO MD
Address: 725 15TH STREET NW SUITE 700
City-St-Zip: WASHINGTON, DC 20005

Title: D
Name: VASS, RONALD T
Address: 510 MAIN STREET
City-St-Zip: NEW YORK, NY 10044

Title: T
Name: HIGHT, NORTON
Address: 118 EAST 60TH STREET, APT # 23C
City-St-Zip: NEW YORK, NY 10022

Title: PRES
Name: DA SILVA, AIRAM
Address: 595 MAIN STREET APT 815
City-St-Zip: NEW YORK, NY 10044

Title: C
Name: WUERTELE, ANDREW M
Address: 333 E 55TH STREET
City-St-Zip: NEW YORK, NY 10022

Title: V-C
Name: ITSKOWITCH, LAWRENCE
Address: 531 MAIN STREET
City-St-Zip: NEW YORK, NY 10044

I hereby 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 all other like empowered.

SIGNATURE: AIRAM DA SILVA

PRES

01/03/2011

Electronic Signature of Signing Officer or Director

Date