

**2013 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F08000000542

**FILED**  
**Jan 24, 2013**  
**Secretary of State**  
**CC2183478121**

**Entity Name:** THE ICLA DASILVA FOUNDATION INC.

**Current Principal Place of Business:**

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

**Current Mailing Address:**

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

**FEI Number: 13-3677332**

**Certificate of Status Desired: Yes**

**Name and Address of Current Registered Agent:**

WESLEY, CARLOS JR.  
21195 HELMSMAN DRIVE/ F-13  
AVENTURA, FL 33180 US

*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

**Officer/Director Detail :**

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

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

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

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

Title S  
Name JOHN, HALEBIAN  
Address TWO EAST END AVENUE, APT. 2A  
City-State-Zip: NEW YORK NY 10075

Title V-C  
Name ITSKOWITCH, LAWRENCE  
Address 531 MAIN STREET  
City-State-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**

**PRESIDENT**

**01/24/2013**

Electronic Signature of Signing Officer/Director Detail

Date