

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000002333

FILED  
Mar 06, 2011  
Secretary of State

Entity Name: SORORIDAD ETA GAMMA DELTA, INC.

**Current Principal Place of Business:**

BC6 CALLE 63  
HILL MANSION  
SAN JUAN, PR 00926

**New Principal Place of Business:**

COND. HATO REY PLAZA  
APT. 20-F  
SAN JUAN, PR 00918

**Current Mailing Address:**

BC6 CALLE 63  
HILL MANSION  
SAN JUAN, PR 00926

**New Mailing Address:**

COND. HATO REY PLAZA  
APT. 20-F  
SAN JUAN, PR 00918

FEI Number:                      FEI Number Applied For ( )                      FEI Number Not Applicable (X)                      Certificate of Status Desired (X)

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

AUFFANT, CARMEN F  
14470 NOTTINGHAM WAY CIRCLE  
ORLANDO, FL 32828 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: CEO  
Name: GAUDIER, MARIA DE L.  
Address: COND. HATO REY PLAZA APT. 20-F  
City-St-Zip: SAN JUAN, PR 00918

Title: S  
Name: MORELL, JEANETTE  
Address: SAN JACINTO G-9 URB. EL ALAMO  
City-St-Zip: GUAYNABO, PR 00969

Title: T  
Name: VELAZQUEZ, HELGA  
Address: PLAZA 14 RG 25 MARINA BAHIA  
City-St-Zip: CATANO, PR 00962

Title: VP  
Name: TORT, NELVA J  
Address: PRADOS DE CUPEY APT. 116  
City-St-Zip: TRUJILLO ALTO, PR 00976

Title: T  
Name: VELEZ, EVA T  
Address: 14902 HARDY DRIVE WEST  
City-St-Zip: TAMPA, FL 33613

Title: P  
Name: AUFFANT, CARMEN F  
Address: 14470 NOTTINGHAM WAY CIRCLE  
City-St-Zip: ORLANDO, FL 32828

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: HELGA VELAZQUEZ

T

03/06/2011

Electronic Signature of Signing Officer or Director

Date