

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000002511

FILED
Jan 16, 2009
Secretary of State

Entity Name: THE BURNED CHILDREN CARE FOUNDATION, INC.

Current Principal Place of Business:

9130 SUNSET DR
MIAMI, FL 33173

New Principal Place of Business:

Current Mailing Address:

9130 SUNSET DR
MIAMI, FL 33173

New Mailing Address:

FEI Number: 03-0427321

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

TAMAYO, FERNANDO
9130 SUNSET DR
MIAMI, FL 33173 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: PD () Delete
Name: PELLAS, VIVIAN
Address: CENTRO COMERCIAL CAMINO DE ORIENTE
City-St-Zip: MANAGUA NICARAGUA,

Title: VSD () Delete
Name: PELLAS, CARLOS
Address: EDIFICO BAC PISO 10
City-St-Zip: MANAGUA NICARAGUA,

Title: TD () Delete
Name: TAMAYO, FERNANDO
Address: 9130 SUNSET DR
City-St-Zip: MIAMI, FL 33173

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: FERNANDO TAMAYO

TD

01/16/2009

Electronic Signature of Signing Officer or Director

Date