2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2009
Secretary of State

DOCUMENT# N03000002578

Entity Name: FAMILY BUILDERS USA. INC

Current Principal Place of Business:

9735 N. W. 52 STREET
107
DORAL, FL 33178

New Principal Place of Business:

Current Mailing Address:

9735 N. W. 52 STREET
107
DORAL, FL 33178

New Mailing Address:

FEI Number: 20-0501489 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LINERO, LEONOR
9735 N. W. 52 STREET
107
MIAMI, FL 33178 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: LINERO, LEONOR
Address: 9735 N. W. 52 STREET UNIT 107
City-St-Zip: DORAL, FL 33178

Title: VD ( ) Delete
Name: SANTAMARIA, ALFREDO
Address: 9735 N. W. 52 ST STREET UNIT 107
City-St-Zip: DORAL, FL 33178

Title: TSD ( ) Delete
Name: LINERO, ALVARO
Address: 9735 N. W. 52 STREET UNIT 107
City-St-Zip: DORAL, FL 33178

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: SANTAMARIA, ALFREDO
Address: 9735 N. W. 52 STREET UNIT 107
City-St-Zip: DORAL, FL 33178

Title: VD (X) Change ( ) Addition
Name: LINERO, LEONOR
Address: 9735 N. W. 52 ST STREET UNIT 107
City-St-Zip: DORAL, FL 33178

Title: TSD (X) Change ( ) Addition
Name: BAGNOULI, ANA MARIA
Address: 9735 N. W. 52 STREET UNIT 107
City-St-Zip: DORAL, FL 33178

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: ALFREDO SANTAMARIA PD 04/22/2009

Electronic Signature of Signing Officer or Director Date