

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000008476

FILED
Apr 18, 2009
Secretary of State

Entity Name: RINCONSITO FOUNDATION, INC.

Current Principal Place of Business:

1615 SW 8 STREET
MIAMI, FL 33135

New Principal Place of Business:

1615 SW 8TH STREET
MIAMI, FL 33135

Current Mailing Address:

1615 SW 8 STREET
MIAMI, FL 33135

New Mailing Address:

4481 SW 1ST STREET
CORAL GABLES, FL 33134

FEI Number: 30-0216264

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PEREZ, ESTRELLA
4481 SW 1 STREET
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

PEREZ, ESTRELLA
4481 SW 1ST STREET
CORAL GABLES, FL 33134 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: ESTRELLA PEREZ

04/18/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: PEREZ, ESTRELLA
Address: 4481 SW 1ST ST
City-St-Zip: CORAL GABLES, FL 33134

Title: VD () Delete
Name: DELGADO, AIDA Y
Address: 4481 SW 1 STREET
City-St-Zip: CORAL GABLES, FL 33134

Title: TD () Delete
Name: RUIZ, LIDIA C
Address: 6511 SW 36 STREET
City-St-Zip: MIAMI, FL 33155

Title: SD () Delete
Name: LOPEZ, EFRAIN
Address: 6511 SW 36 STREET
City-St-Zip: MIAMI, FL 33155

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D/P (X) Change () Addition
Name: PEREZ, ESTRELLA
Address: 4481 SW 1ST STREET
City-St-Zip: CORAL GABLES, FL 33134

Title: D/S (X) Change () Addition
Name: DELGADO, AIDA Y
Address: 4481 SW 1ST STREET
City-St-Zip: CORAL GABLES, FL 33134

Title: D/T (X) Change () Addition
Name: RUIZ, LIDIA C
Address: 6511 SW 36TH STREET
City-St-Zip: MIAMI, FL 33155

Title: D/V (X) Change () Addition
Name: GARCIA, AURELIO J
Address: 4481 SW 1ST STREET
City-St-Zip: CORAL GABLES, FL 33134

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: ESTRELLA PEREZ

P

04/18/2009

Electronic Signature of Signing Officer or Director

Date