2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000005908

FILED Apr 11, 2007 Secretary of State

Entity Name: COMMUNITY SERVICE OUTREACH, INC.

Current P	rincipal Place of Business:	New Principal Place of Business:
	137 AVENUE	9010 S.W. 137 AVENUE STE. 204 MIAMI, FL 33186
	lailing Address:	New Mailing Address:
Surrent iv	ianning Address.	New Mailing Address.
9010 S.W. STE 204 MIAMI, FL	. 137 AVENUE 33186	
El Number	: 20-0119684 FEI Number Applied F	for () FEI Number Not Applicable () Certificate of Status Desired (X)
Name and	l Address of Current Registered A	agent: Name and Address of New Registered Agent:
3412 SAN HOMESTE	Z, ANA MILENA REMO CIRCLE EAD, FL 33035 US e named entity submits this statemen e of Florida.	t for the purpose of changing its registered office or registered agent, or both,
SIGNATU	PF:	
31014/110		tered Agent Date
	Electronic Signature of Regist	·
OFFICER	Electronic Signature of Regist S AND DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR
	Electronic Signature of Regist	· ·
OFFICER litle: lame: lddress:	Electronic Signature of Regist S AND DIRECTORS: PD () Delete MARTINEZ, OSCAR 3412 SAN REMO CIRCLE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR Title: () Change () Addition Name: Address:
DFFICER Fittle: Name: Address: Dity-St-Zip: Fittle: Name: Address:	Electronic Signature of Regist S AND DIRECTORS: PD () Delete MARTINEZ, OSCAR 3412 SAN REMO CIRCLE HOMESTEAD, FL 33035 VD () Delete IXCHU, ALBERTO 4122 N.E. 26TH STREET	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR Title: () Change () Addition Name: Address: City-St-Zip: Title: () Change () Addition Name: Address:
DFFICER Title: Name: Address: Dity-St-Zip: Title: Name: Address: Dity-St-Zip: Title: Name: Address: Name: Name: Address:	Electronic Signature of Regist S AND DIRECTORS: PD () Delete MARTINEZ, OSCAR 3412 SAN REMO CIRCLE HOMESTEAD, FL 33035 VD () Delete IXCHU, ALBERTO 4122 N.E. 26TH STREET HOMESTEAD, FL 33033 SD () Delete MARTINEZ, ANA MILENA 3412 SAN REMO CIRCLE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR 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 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: OSCAR MARTINEZ PD 04/11/2007