

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000011152

FILED
Jan 19, 2009
Secretary of State

Entity Name: OCTAVIO FELINE FOUNDATION, CORP.

Current Principal Place of Business:

8880 SW 8 ST
MIAMI, FL 33144 US

New Principal Place of Business:

2526 SW 27 AVE
MIAMI, FL 33133 US

Current Mailing Address:

P.O. BOX 440738
MIAMI, FL 33144 US

New Mailing Address:

FEI Number: 20-3756400 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VALLES, SILVIA M
8880 SW 8 ST
MIAMI, FL 33144 US

Name and Address of New Registered Agent:

VALLES, SILVIA M
2526 SW 27 AVE
MIAMI, FL 33133 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: SILVIA M. VALLES

01/19/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: VALLES, SILVIA M
Address: 8880 SW 8 ST
City-St-Zip: MIAMI, FL 33144

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: VALLES, SILVIA M
Address: 2526 SW 27 AVE
City-St-Zip: MIAMI, FL 33133

Title: VP () Change (X) Addition
Name: BASTERRECHEA, MABEL
Address: 2526 SW 27 AVE
City-St-Zip: MIAMI, FL 33133

Title: S () Change (X) Addition
Name: VILLEGAS, GIOMAR
Address: 6210 SW 130 AVE
City-St-Zip: MIAMI, FL 33183

Title: T () Change (X) Addition
Name: VILLEGAS, GIOMAR
Address: 6210 SW 130 AVE
City-St-Zip: MIAMI, FL 33133

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: SILVIA M. VALLES

P

01/19/2009

Electronic Signature of Signing Officer or Director

Date