2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2009
Secretary of State

DOCUMENT# N99000002444

Entity Name: ASOCIACION EMERGENCIA AYACUCHO INC.

Current Principal Place of Business:

7300 N. KENDALL DRIVE
STE. 521
MIAMI, FL 331567840

New Principal Place of Business:

Current Mailing Address:

7300 N. KENDALL DRIVE
STE. 521
MIAMI, FL 331567840

New Mailing Address:

FEI Number: 65-0920961 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CEPEDA, VIOLETA
9130 SOUTH DADELAND BOULEVARD
SUITE 1607
MIAMI, FL 33156 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:	AMOROS, CARMEN-ROSA	
Address:	9801 SW 73RD COURT	
City-St-Zip:	MIAMI, FL 331563112	
Title:	SD	( ) Delete
Name:	FUENZALIDA, IRMA	
Address:	11216 SW 117 CT	
City-St-Zip:	MIAMI, FL 33186	
Title:	TD	( ) Delete
Name:	AGUAYO, SONIA	
Address:	9351 SW 118 PL	
City-St-Zip:	MIAMI, FL 33186	
Title:	D	( ) Delete
Name:	SARMIENTO, SUSANA	
Address:	12336 N.W. 14TH STREET	
City-St-Zip:	PEMBROKE PINES, FL 33026	
Title:	VD	( ) Delete
Name:	CEPEDA, VIOLETA	
Address:	7200 S.W. 109 TERRACE	
City-St-Zip:	PINECREST, FL 33156	
Title:	D	( ) Delete
Name:	CHAMOT, ROCIO	
Address:	201 CRANDON BLVD, #209	
City-St-Zip:	KEY BISCAYNE, FL 33149	

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:	
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: SONIA AGUAYO T 02/23/2009
Electronic Signature of Signing Officer or Director — Date