2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000009017

City-St-Zip:

Title:

Name:

Address:

City-St-Zip:

MIAMI, FL 33176

FERNANDEZ, REY

1750 SW 71ST CT

MIAMI, FL 33155

EΜ

() Delete

tr. Name: CORRA BARENTSUNA

FILED Apr 14, 2009 Secretary of State

Entity Name: C.O.B.R.A., PARENTS' INC. **Current Principal Place of Business: New Principal Place of Business:** 16980 SW 141 CT MIAMI, FL 33177 **Current Mailing Address: New Mailing Address:** 16980 SW 141 CT MIAMI, FL 33177 FEI Number: 13-4221726 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: FERNANDEZ, ANGELIKA H 6856 SW 53RD ST MIAMI, FL 33155 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition FERNANDEZ, ÁNGELIKA H Name: Name: Address: 1750 SW 71ST CT Address: City-St-Zip: MIAMI, FL 33155 City-St-Zip: Title: Title: () Delete () Change () Addition VILA, HELEN J Name: Name: Address: 16980 SW 141 CT Address: City-St-Zip: MIAMI, FL 33177 City-St-Zip: Title: () Delete Title: () Change () Addition SMITH, BRIGITTE Name: Name: 14281 SW 109 CT Address: Address:

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.

City-St-Zip:

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: ANGELIKA H. FERNANDEZ P 04/14/2009

() Change () Addition