

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000000886

Entity Name: NO BOUNDARIES PROSTHETIC FOUNDATION INC

Current Principal Place of Business:

4258 W 12TH AVE
HIALEAH, FL 33012

Current Mailing Address:

4258 W 12TH AVE
HIALEAH, FL 33012 US

FEI Number: 27-1779908

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

QUIRANTES, ARMANDO
3641 SW 161 TERR
MIRAMAR, FL 33027 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: _____

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR
Name QUIRANTES, ARMANDO
Address 3641 SW 161 TERR
City-State-Zip: MIRAMAR FL 33027

Title OFFICER
Name GUARDIA, LUIS
Address 5180 NW 101ST PL
City-State-Zip: DORAL FL 33178

Title DIRECTOR
Name CARDENAS, ELIZABETH GIOVANNA
Address 4258 W 12TH AVE
City-State-Zip: HIALEAH FL 33012

I hereby 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 all other like empowered.

SIGNATURE: ARMANDO QUIRANTES

DIRECTOR

04/24/2015

Electronic Signature of Signing Officer/Director Detail

Date