

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N10000000886

**Entity Name:** NO BOUNDARIES PROSTHETIC FOUNDATION INC

**Current Principal Place of Business:**

1420 S.W.1 STREET  
MIAMI, FL 33135

**Current Mailing Address:**

1420 S.W. 1 STREET  
MIAMI, FL 33135

**FEI Number:** 27-1779908

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

QUIRANTES, ARMANDO  
3641 S.W. 161 TERRAS  
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 D  
Name QUIRANTES, ARMANDO  
Address 3641 S.W 161 TERRAS  
City-State-Zip: MIRAMAR FL 33027

Title D  
Name LEYVA, LOURDES Q  
Address 3641 SW 161ST TERR  
City-State-Zip: MIRAMAR FL 33027

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

*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

**PRESIDENT**

**04/27/2013**

Electronic Signature of Signing Officer/Director Detail

Date