

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 756509

FILED  
Mar 14, 2011  
Secretary of State

**Entity Name:** SOUTHWEST SOCIAL SERVICES PROGRAMS, INC.

**Current Principal Place of Business:**

25 TAMiami BLVD.  
MIAMI, FL 33144 US

**New Principal Place of Business:**

**Current Mailing Address:**

25 TAMiami BLVD.  
MIAMI, FL 33144 US

**New Mailing Address:**

**FEI Number:** 59-2102294

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

PENEDO, MARIA C MRS.  
25 TAMiami BLVD  
MIAMI, FL 33144 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:** D  
**Name:** PLANAS, CARLOS MR.  
**Address:** 8250 SW 8TH ST  
**City-St-Zip:** MIAMI, FL 33144 US

**Title:** D  
**Name:** IRIBAR, JOSEPHINE MS.  
**Address:** 13297 MAJESTIC WAY  
**City-St-Zip:** COOPER CITY, FL 33330 US

**Title:** S  
**Name:** GOMEZ,, EMELINA L MRS.  
**Address:** 13786 KENDALE LAKES DRIVE  
**City-St-Zip:** MIAMI,, FL 33183 US

**Title:** PD  
**Name:** AGRAMONTE, MARIA M DR.  
**Address:** 8771 SW 54 STREET  
**City-St-Zip:** MIAMI, FL 33165 US

**Title:** TD  
**Name:** MASVIDAL,, SERGIO MR.  
**Address:** 8000 SW 68 STREET  
**City-St-Zip:** MIAMI, FL 33143 US

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:** EMELINA GOMEZ

MRS.

03/14/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date