

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 756509

FILED
Mar 21, 2012
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 L. GOMEZ

S

03/21/2012

Electronic Signature of Signing Officer or Director

Date