2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2009
Secretary of State

DOCUMENT# F02000002109

Entity Name: LOS REMEDIOS DEVELOPMENT CORPORATION

Current Principal Place of Business:

451 CALLE PEDRO
ESPADA, SAN JUAN, PR 00918

New Principal Place of Business:

Current Mailing Address:

1013 SW 126TH STREET
NEWBERRY, FL 32669

New Mailing Address:

FEI Number: 66-0501643 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RAMIREZ, CAROLINE A
1013 SW 126TH STREET
NEWBERRY, FL 32669 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: C ( ) Delete
Name: RAMIREZ, ENRIQUE H SR.
Address: 2701 UNICORN LANE
City-St-Zip: WASHINGTON, DC 20015

Title: VC ( ) Delete
Name: RAMIREZ, ENRIQUE H JR
Address: 451 PEDRO ESPADA ST.
City-St-Zip: HATO REY, PR 00918

Title: P ( ) Delete
Name: RAMIREZ, CAROLINE A
Address: 1013 SW 126TH STREET
City-St-Zip: NEWBERRY, FL 32669

Title: S ( ) Delete
Name: RIOS, CARMEN I
Address: 1801 CORTEZ STREET
City-St-Zip: CORAL CABLES, FL 33134

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CAROLINE A. RAMIREZ P 04/29/2009

Electronic Signature of Signing Officer or Director — Date