

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000001336

FILED
Feb 17, 2009
Secretary of State

Entity Name: FRIENDS OF INSTITUTO LELOIR, INC.

Current Principal Place of Business:

169 EAST FLAGLER STREET
SUITE 1534
MIAMI, FL 33131

New Principal Place of Business:

Current Mailing Address:

169 EAST FLAGLER STREET
SUITE 1534
MIAMI, FL 33131

New Mailing Address:

FEI Number: 57-1193063 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: PCT () Delete
Name: PRIU, NORBERTO E DR.
Address: 1643 BRICKELL AVE, APT 3405
City-St-Zip: MIAMI, FL 33129

Title: D () Delete
Name: DAVALOS, RAFAEL C
Address: 169 E FLAGLER ST STE 1534
City-St-Zip: MIAMI, FL 33131

Title: D () Delete
Name: IELPI, LUIS
Address: 169 EAST FLAGLER ST., SUITE 1534
City-St-Zip: MIAMI, FL 33131

Title: D () Delete
Name: WOLOSUIK, RICARDO A.
Address: 169 EAST FLAGLER STREET, SUITE 1534
City-St-Zip: MIAMI, FL 33131

Title: D () Delete
Name: BERLAND, MARCELA
Address: 169 E FLAGLER ST, STE 1534
City-St-Zip: MIAMI, FL 33131

Title: D () Delete
Name: MARQUEZ, EDUARDO
Address: 169 E FLAGLER ST, STE 1534
City-St-Zip: MIAMI, FL 33131

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:

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

SIGNATURE: NOBERTO E PRIU

PCT

02/17/2009

Electronic Signature of Signing Officer or Director

Date