2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N0000001722

Title:

Name:

Address:

City-St-Zip:

FILED May 06, 2009 Secretary of State

Entity Nan				
Current Pi	rincipal Place of Business:	New Principal Place	of Business:	
4636 WES KISSIMME	T 192 E, FL 34741	307 WEST BASS STR KISSIMMEE, FL 3474		
Current Mailing Address:		New Mailing Address	New Mailing Address:	
C/O SECRETARY/TREASURER 2528 CARTER DRIVE KISSIMMEE, FL 34741			307 WEST BASS STREET KISSIMMEE, FL 34741	
FEI Number: In accordance	86-1104590 FEI Number Applied For() ce with s. 607.193(2)(b), F.S., the corporation did not re	FEI Number Not Applicable () eceive the prior notice.	Certificate of Status Desired (X)	
Name and Address of Current Registered Agent:		Name and Address of	Name and Address of New Registered Agent:	
MALAVE, S	SAMUEL			
KISSIMME	RUN BOULEVARD E, FL 34744 US named entity submits this statement for the pure	pose of changing its registered	d office or registered agent, or both,	
The above in the State	E, FL 34744 US named entity submits this statement for the purple of Florida.	pose of changing its registered	d office or registered agent, or both,	
KISSIMME	E, FL 34744 US named entity submits this statement for the purple of Florida.		d office or registered agent, or both, Date	
The above in the State	E, FL 34744 US named entity submits this statement for the purple of Florida. RE:			S:
The above in the State	E, FL 34744 US named entity submits this statement for the purple of Florida. RE: Electronic Signature of Registered Agent	ADDITIONS/CHANGE	Date	s:
The above in the State SIGNATUR OFFICERS Title: Name: Address:	E, FL 34744 US named entity submits this statement for the purple of Florida. RE: Electronic Signature of Registered Agent S AND DIRECTORS: P () Delete MALAVE, SAMUEL 2426 OAK RUN BOULEVARD	ADDITIONS/CHANGE Title: Name: Address: City-St-Zip:	Date ES TO OFFICERS AND DIRECTOR	S

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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: BRENDA PELAGIO-ORELLANA 05/06/2009 S/T

() Delete

11940 REEDY CRK RD APT 307

MEDINA, JOSE

ORLANDO, FL 32836

() Change () Addition