

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000002895

FILED
Aug 09, 2006
Secretary of State

Entity Name: FUNDACION ALBERQUE INFANTIL DE BOGOTA, YOLANDA PULECIO, INC.

Current Principal Place of Business:

6039 COLLINS AVENUE
SUITE 1735
MIAMI, FL 33140

New Principal Place of Business:

6039 COLLINS AVENUE
SUITE 1734
MIAMI BEACH, FL 33140

Current Mailing Address:

16300 NE 19TH AVE
STE C
N MIAMI BEACH, FL 33162

New Mailing Address:

5220 S UNIVERSITY DR
STE C-102
DAVIE, FL 33328

FEI Number: 65-1030040 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

SILVA, LUIS F
16300 NE 19 AVENUE
SUITE C
NORTH MIAMI BEACH, FL 33162 US

Name and Address of New Registered Agent:

SILVA'S ENTERPRISE, INC.
5220 S UNIVERSITY DR
SUITE C-102
DAVIE, FL 33328 US

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: FERNANDO SILVA

08/09/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: SD () Delete
Name: BERMANT, ELIZABETH
Address: 750 HARBOR DRIVE
City-St-Zip: KEY BISCAYNE, FL 33149

Title: PD () Delete
Name: PULECIO, NANCY
Address: 6039 COLLINS AVE#1734
City-St-Zip: MIAMI, FL 33140

Title: VD () Delete
Name: DAZA, FRANCISCO
Address: 6039 COLLINS AVE #1734
City-St-Zip: MIAMI, FL 33140

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:

I hereby certify that the information supplied with this filing does not qualify for the 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: NANCY PULECIO

PD

08/09/2006

Electronic Signature of Signing Officer or Director

Date