

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000002977

FILED
Apr 23, 2009
Secretary of State

Entity Name: AGAPE, PARA EL MUNDO, INC.

Current Principal Place of Business:

7500 NW 25 STREET
1A
MIAMI, FL 33122 US

New Principal Place of Business:

7975 NW 56 ST
SECOND FLOOR
MIAMI, FL 33166 US

Current Mailing Address:

7500 NW 25 STRET
1A
MIAMI, FL 33122 US

New Mailing Address:

9816 NW 51 TERRACE
MIAMI, FL 33178 US

FEI Number: 65-1009033

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DOMINGO, ALONSO CPA
301 ALHAMBRA AVENUE
SUITE #3
CORAL GABLES, FL 33134 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: PD () Delete
Name: BETANCOURT, LUIS
Address: 9816 N.W., 51 TERRACE
City-St-Zip: DORAL, FL 33178 US

Title: VD () Delete
Name: BETANCOURTH, MARCELA
Address: 9816 N.W., 51 TERRACE
City-St-Zip: MIAMI, FL 33178 US

Title: TD () Delete
Name: GALLEGO, ISABEL
Address: 1621 S.W., 125 COURTH
City-St-Zip: MIAMI, FL 33175 US

Title: SD () Delete
Name: MARIA ISABEL, BAHAMON
Address: 9351 FONTANBLUE BLVD. APT B 305
City-St-Zip: MIAMI, FL 33172 US

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

SIGNATURE: LUIS BETANCOURTH

MR

04/23/2009

Electronic Signature of Signing Officer or Director

Date