

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000006810

FILED
May 14, 2009
Secretary of State

Entity Name: FACTOR FOUNDATION OF AMERICA, INC.

Current Principal Place of Business:

950 PENINSULA CORPORATE CIRCLE
SUITE 3017
BOCA RATON, FL 33487

New Principal Place of Business:

Current Mailing Address:

950 PENINSULA CORPORATE CIRCLE
SUITE 3017
BOCA RATON, FL 33487

New Mailing Address:

FEI Number: 65-1048127 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:

Name and Address of New Registered Agent:

MADEIROS, KIM J
950 PENINSULA CORPORATE CIRCLE
SUITE 3017
BOCA RATON, FL 33487 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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MADEIROS, KIM
Address: 950 PENINSULA CORPORATE CIR, #3017
City-St-Zip: BOCA RATON, FL 33487

Title: D () Delete
Name: BOTT, DONALD
Address: 950 PENINSULA CORPORATE CIR, #3017
City-St-Zip: BOCA RATON, FL 33487

Title: D () Delete
Name: MOABERY, CATHY
Address: 10058 EL CABALLO COURT
City-St-Zip: DELRAY BEACH, FL 33446

Title: D () Delete
Name: OCAMPO, NORINA B M.D.
Address: 9970 CENTRAL PARK BOULEVARD
City-St-Zip: BOCA RATON, FL 33428

Title: D () Delete
Name: MASSOLIO, MARY ANN
Address: 4901 WEST CYPRESS STREET
City-St-Zip: TAMPA, FL 33607

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change () Addition
Name: HANIF, IFTCKHAR
Address: 1150 N. 35TH AVE., SUITE 520
City-St-Zip: HOLLYWOOD, FL 33021

Title: D (X) Change () Addition
Name: WIENER, ELLIOTT
Address: C/O 950 PENINSULA CORPORATE CIR.#3017
City-St-Zip: BOCA RATON, FL 33487

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: KIM MADEIROS

D

05/14/2009

Electronic Signature of Signing Officer or Director

Date