2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000008345

Entity Name: SEMBRANDO FLORES, INC.

FILED Apr 28, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 29355 SOUTH FEDERAL HIGHWAY HOMESTEAD, FL 33030 **Current Mailing Address: New Mailing Address:** 29355 SOUTH FEDERAL HIGHWAY 29355 SOUTH FEDERAL HIGHWAY HOMESTEAD, FL 33030 HOMESTEAD, FL 33030 FEI Number: 65-1105494 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: RIVERA, NANCY 29355 S FEDERAL HIGHWAY HOMESTEAD, FL 33030 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change () Addition () Delete KRALIK, MILAN FERNANDEZ, BEATRIZ Name: Name: 8600 SW 184 LN Address: 11444 SW 149TH COURT Address: City-St-Zip: MIAMI, FL 33157 US City-St-Zip: MIAMI, FL 33196 US Title: Title: (X) Change () Addition () Delete HARDISON, HOLLIE Name: KRALIK, MILAN Name: Address: 15615 SW 95 LN Address: 8600 SW 184TH LANE City-St-Zip: MIAMI, FL 33196 US City-St-Zip: MIAMI, FL 33157 US Title: () Delete Title: () Change () Addition RABREAU, TERESA Name: Name: Address: PO BOX 901748 Address: City-St-Zip: HOMESTEAD, FL 33090 US City-St-Zip: Title: () Delete Title: () Change (X) Addition Name: Name: CARRERA, EDMUND PO BOX 900174 Address: Address: City-St-Zip: City-St-Zip: HOMESTEAD, FL 33090 Title: () Delete Title: () Change (X) Addition GARCIA, PEDRO Name: Name: 13875 SW 264TH STREET Address: Address: City-St-Zip: City-St-Zip: NARANJA, FL 33092 Title: () Delete Title: () Change (X) Addition QUIALA, MARIBEL Name: Name: Address: Address: 3050 BISCAYNE BOULEVARD SUITE 605 MIAMI, FL 33137 City-St-Zip: 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: NANCY RIVERA ED 04/28/2009