2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 04, 2009
Secretary of State

DOCUMENT# N01000000253

Entity Name: ESTRELLA MORENA FUEGO FLAMENCO, INC.

Current Principal Place of Business:

3560 SW 84 AVENUE
MIAMI, FL 331553314

New Principal Place of Business:

Current Mailing Address:

3560 SW 84 AVENUE
MIAMI, FL 331553314

New Mailing Address:

FEI Number: 65-1067841 **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:

ZORRILLA, LOUISE
3560 SW 84TH AVENUE
MIAMI, FL 33155 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:	DP	( ) Delete
Name:	ZORRILLA, LOUISE	
Address:	3560 SW 84 AVENUE	
City-St-Zip:	MIAMI, FL 331553314	
Title:	TD	( ) Delete
Name:	ZORRILLA, JOSE	
Address:	3560 SW 84 AVENUE	
City-St-Zip:	MIAMI, FL 331553314	
Title:	MD	( ) Delete
Name:	ZORRILLA, JOSE LUIS	
Address:	3560 SW 84 AVE	
City-St-Zip:	MIAMI, FL 33155	
Title:	SD	( ) Delete
Name:	CARCAS, IVETTE	
Address:	3560 SW 84 AVE	
City-St-Zip:	MIAMI, FL 33155	
Title:	S	( ) Delete
Name:	OFFUTT, JEANNINE	
Address:	3560 SW 84 AVE	
City-St-Zip:	MIAMI, FL 33155	

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:	S	(X) Change ( ) Addition
Name:	LUACES, NATASHA	
Address:	3560 SW 84 AVE	
City-St-Zip:	MIAMI, FL 33155	
Title:	S	(X) Change ( ) Addition
Name:	GASLONDE, JEANNINE	
Address:	3560 SW 84 AVE	
City-St-Zip:	MIAMI, FL 33155	

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: LOUISE ZORILLA P 08/04/2009

Electronic Signature of Signing Officer or Director — Date