## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N01000000735

Entity Name: FUNDACION LA GRACIA, INC.

FILED Apr 20, 2009 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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5601 FORREST STREET 3174 STIRLING RD

HOLLYWOOD, FL 33021 #B5

HOLLYWOOD, FL 33021

Current Mailing Address: New Mailing Address:

5601 FORREST STREET 3174 STIRLING RD

HOLLYWOOD, FL 33021 #B5

HOLLYWOOD, FL 33021

HOLLYWOOD, FL 33021 US

FEI Number: 04-3688912 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

GALINDO, JUAN C GALINDO, JUAN C 5601 FORREST STREET 3174 STIRLING RD

5601 FORREST STREET 31/4 STIRLING RD HOLLYWOOD, FL 33021 US #B5

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: JUAN C GALINDO 04/20/2009

Electronic Signature of Registered Agent Date

## OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Fitle: PD ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 MALGARET, JÚAN P
 Name:

 Address:
 172 S.W. 58 AVENUE
 Address:

 City-St-Zip:
 PLANTATION, FL 33317
 City-St-Zip:

Title: VD ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 LEIVA, OSCAR
 Name:

 Address:
 1301 N.W. 65 TERRACE
 Address:

 City-St-Zip:
 HOLLYWOOD, FL 33024
 City-St-Zip:

 $\label{eq:title:sdef} {\sf Title:} \qquad {\sf SD} \qquad {\sf () Delete} \qquad \qquad {\sf Title:} \qquad {\sf SD} \qquad {\sf (X) Change () Addition}$ 

 Name:
 GALINDO, JUAN C
 Name:
 GALINDO, JUAN C

 Address:
 5601 FORREST STREET
 Address:
 3174 STIRLING RD #B5

 City-St-Zip:
 HOLLYWOOD, FL 33021
 City-St-Zip:
 HOLLYWOOD, FL 33021

Title: D ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 RODRIGUEZ, DIANA
 Name:

 Address:
 2789 SW 47TH ST
 Address:

 City-St-Zip:
 FORT LAUDERDALE, FL 33312
 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: JUAN C GALINDO MR 04/20/2009