## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N01000003060

MOLINA, NOHEMY

6091 NW. 61 AVE. # 106

TAMARAC, FL 33319

Name:

Address:

City-St-Zip:

FILED Jun 16, 2009 Secretary of State

|  |  |   | 000.000.3                                    |  |
|--|--|---|--|--|
| Entity Nar   | ne: SION, MISION A LAS NACIONES, INC.                                      |   |  |  |
| Current P  | rincipal Place of Business:  | New Principal I                             | Place of Business:                           |  |
| 1997 NW.<br>MARGATE  | 55 AVE.<br>5, FL 33063   |   |  |  |
| Current Mailing Address:   |  | New Mailing Ac                              | New Mailing Address:                         |  |
| 1997 NW.<br>MARGATE  | 55 AVE.<br>i, FL 33063   |   |  |  |
| FEI Number: 65-1110173 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 at  |  |   | ess of New Registered Agent:                 |  |
| The above  | ER LANE FON, FL 33433 US named entity submits this statement for the pu    | urpose of changing its reg                  | istered office or registered agent, or both, |  |
| in the State   | e of Florida.  |   |  |  |
| SIGNATUR   | RE:  |   |  |  |
|  | Electronic Signature of Registered Ager                                    | nt  | Date   |  |
| OFFICERS AND DIRECTORS:  |  | ADDITIONS/CH                                | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip:  | P ( ) Delete<br>ROCHA, LORENA<br>8201 MIZNER LANE<br>BOCA RATON, FL 33433  | Title:<br>Name:<br>Address:<br>City-St-Zip: | ( ) Change ( ) Addition                      |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip:  | S () Delete<br>GARAY, DILIA<br>5624 LINTON BLVD.<br>DELRAY BEACH, FL 33484 | Title:<br>Name:<br>Address:<br>City-St-Zip: | ( ) Change ( ) Addition                      |  |
| Title:   | T () Delete  | Title:                                      | ( ) Change ( ) Addition                      |  |

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.

Name:

Address:

City-St-Zip:

SIGNATURE: LORENA ROCHA D 06/16/2009