

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000006047

FILED
Apr 20, 2009
Secretary of State

Entity Name: SHARING FOR KIDS, INC.

Current Principal Place of Business:

3928 ADRA AVE
DORAL, FL 33178

New Principal Place of Business:

Current Mailing Address:

3928 ADRA AVE
DORAL, FL 33178

New Mailing Address:

FEI Number: 65-1136846

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TRUCCO, VICTORIA
3928 ADRA AVE
DORAL, FL 33178 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: PD () Delete
Name: TRUCCO, VICTORIA
Address: 3928 ADRA AVE
City-St-Zip: DORAL, FL 33178

Title: VD () Delete
Name: ROMAN, ARIEL
Address: 960 NE 85 ST
City-St-Zip: MIAMI, FL 33138

Title: VD () Delete
Name: EMILIAMI, MARGARITA
Address: 2021 SW 3RD AVE #10 07
City-St-Zip: MIAMI, FL 33129

Title: T () Delete
Name: DEL RIO, CLAUDIA
Address: 6468 NW 109 AVE
City-St-Zip: MIAMI, FL 33178

Title: S () Delete
Name: OLIER, ROSMERY
Address: 8927 SW 108 CIRCLE CT
City-St-Zip: MIAMI, FL 33178

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: () 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: VICTORIA TRUCCO

PD

04/20/2009

Electronic Signature of Signing Officer or Director

Date