

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000006368

FILED
Apr 30, 2006
Secretary of State

Entity Name: FUNDACION DE ENCUENTRO FAMILIAR, INC.

Current Principal Place of Business:

18601 NE 14TH AVE #401
NORTH MIAMI BEACH, FL 33179

New Principal Place of Business:

3801 S. OCEAN DR N1U
HOLLYWOOD, FL 33019

Current Mailing Address:

18601 NE 14TH AVE #401
NORTH MIAMI BEACH, FL 33179

New Mailing Address:

3801 S. OCEAN DR N1U
HOLLYWOOD, FL 33019

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

Name and Address of Current Registered Agent:

PENA, ANA I
18601 NE 14TH AVE #401
NORTH MIAMI BEACH, FL 33179 US

Name and Address of New Registered Agent:

PENA, ANA I
3801 S. OCEAN DR N1U
HOLLYWOOD, FL 33019 US

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: ANA ISABEL PENA

04/30/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: PENA, ANA I
Address: 18601 NE 14TH AVE #401
City-St-Zip: NORTH MIAMI BEACH, FL 33179

Title: D () Delete
Name: GOMEZ, MARIA I
Address: 5880 COLLINS AVE #702
City-St-Zip: MIAMI BEACH, FL 33140

Title: D () Delete
Name: MIRANDA, YOLIMA CUETO
Address: 17396 NW 76TH CT.
City-St-Zip: MIAMI, FL 33015

Title: D () Delete
Name: TORRES, PEDRO H
Address: 347 SW 4TH AVE
City-St-Zip: DANIA, FL 33004

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: PENA, ANA I
Address: 3801 S. OCEAN DR N1U
City-St-Zip: HOLLYWOOD, FL 33019

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: D () Change (X) Addition
Name: RIGUAL, IRENE
Address: 18253 BLUE LAKE WAY
City-St-Zip: BOCA RATON, FL 33498

I hereby certify that the information supplied with this filing does not qualify for the 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: ANA ISABEL PENA

D

04/30/2006

Electronic Signature of Signing Officer or Director

Date