


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 16, 2007 08:00 A
Secretary of State

DOCUMENT # N01000006368 1. Entity Name FUNDACION DE ENCUENTRO FAMILIAR, INC.	
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Principal Place of Business 3801 S. OCEAN DR N1U HOLLYWOOD, FL 33019	Mailing Address 3801 S. OCEAN DR N1U HOLLYWOOD, FL 33019
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04052007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent PENA, ANA I 3801 S. OCEAN DR N1U HOLLYWOOD, FL 33019

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PENA, ANA I 3801 S. OCEAN DR N1U HOLLYWOOD, FL 33019
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOMEZ, MARIA I 5880 COLLINS AVE #702 MIAMI BEACH, FL 33140
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MIRANDA, YOLIMA CUETO 17396 NW 76TH CT. MIAMI, FL 33015
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TORRES, PEDRO H 347 SW 4TH AVE DANIA, FL 33004
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RIGUAL, IRENE 18253 BLUE LAKE WAY BOCA RATON, FL 33498
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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04/25/07-80035-014 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Ana Isabel Pena
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/11/07 (954) 456-3016
Date Daytime Phone #