

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000006368

FILED  
Mar 24, 2009  
Secretary of State

**Entity Name:** FUNDACION DE ENCUENTRO FAMILIAR, INC.

**Current Principal Place of Business:**

3801 S. OCEAN DR N1U  
HOLLYWOOD, FL 33019

**New Principal Place of Business:**

**Current Mailing Address:**

3801 S. OCEAN DR N1U  
HOLLYWOOD, FL 33019

**New Mailing Address:**

**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  
3801 S. OCEAN DR N1U  
HOLLYWOOD, FL 33019 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: D ( ) Delete  
Name: PENA, ANA I  
Address: 3801 S. OCEAN DR N1U  
City-St-Zip: HOLLYWOOD, FL 33019

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

**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: ANA PENA

D

03/24/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date