2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2009
Secretary of State

DOCUMENT# N01000008151

Entity Name: PROYECTO PAZ Y AMOR, INC.

Current Principal Place of Business:

2861 LEONARD DR
F109
AVENTURA, FL 33160

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 5038
HIALEAH, FL 33014

New Mailing Address:

FEI Number: 42-1529791 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GARCIA, NELSA
2861 LEONARD DR F109
AVENTURA, FL 33160 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:	DP	( ) Delete
Name:	GARCIA, NELSA	
Address:	2861 LEONARD DR F109	
City-St-Zip:	AVENTURA, FL 33160	
Title:	DVP	( ) Delete
Name:	ZAGALES, SYLVIA M	
Address:	2861 LEONARD DR F109	
City-St-Zip:	AVENTURA, FL 33160	
Title:	DT	( ) Delete
Name:	CABRERA, NAOLYS	
Address:	10840 SW 113TH PLACE	
City-St-Zip:	MIAMI, FL 33176	
Title:	DS	( ) Delete
Name:	AULET, ARMANDO	
Address:	2861 LEONARD DR F109	
City-St-Zip:	AVENTURA, FL 33160	
Title:	D	( ) Delete
Name:	CALA, JOSE	
Address:	2861 LEONARD DR F109	
City-St-Zip:	AVENTURA, FL 33160	
Title:	D	( ) Delete
Name:	GONZALEZ, ORLANDO	
Address:	14100 PALMETTO FRONTAGE ROAD	
City-St-Zip:	MIAMI LAKES, FL 33016	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	DT	(X) Change ( ) Addition
Name:	RUBI, ALINA	
Address:	1950 S.W. 123 AVE	
City-St-Zip:	MIAMI, FL 33175	
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: NELSA GARCIA DP 01/20/2009

Electronic Signature of Signing Officer or Director — Date