

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000002929

FILED
Mar 20, 2009
Secretary of State

Entity Name: LAS BRUMAS JINOTEGAN-AMERICAN FOUNDATION, INC.

Current Principal Place of Business:

224 CARLISLE DRIVE
MIAMI SPRINGS, FL 33166

New Principal Place of Business:

Current Mailing Address:

224 CARLISLE DRIVE
MIAMI SPRINGS, FL 33166

New Mailing Address:

FEI Number: 26-2465488 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MOREIRA, ELSA M
224 CARLISLE DRIVE
MIAMI SPRINGS, FL 33166 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: MOREIRA, ELSA
Address: 224 CARLISLE DRIVE
City-St-Zip: MIAMI SPRINGS, FL 33166

Title: VP () Delete
Name: CHAVEZ, MARCO
Address: 13954 SW 55 ST.
City-St-Zip: MIAMI, FL 33175

Title: TREA () Delete
Name: CHAVARRIA, CLAUDIA
Address: 15724 SW 85 LN.
City-St-Zip: MIAMI, FL 33193

Title: SECR () Delete
Name: ORTEGA, ADELA
Address: 11831 SW 18 ST. #8
City-St-Zip: MIAMI, FL 33175

Title: D () Delete
Name: UBEDA, ARTURO
Address: 15806 SW 98 ST.
City-St-Zip: MIAMI, FL 33196

Title: D () Delete
Name: CHAVARRIA, ALLAN
Address: 15724 SW 85 LANE
City-St-Zip: MIAMI, FL 33193

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
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City-St-Zip:

Title: () Change () Addition
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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: ELSA M. MOREIRA

PRES

03/20/2009

Electronic Signature of Signing Officer or Director

_____ Date