

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000004899

FILED
Apr 22, 2009
Secretary of State

Entity Name: ASOCIACION AYUDA A UN NINO INC.

Current Principal Place of Business:

C/O MONAHAN 4000 PONCE DE LEON BLVD.
SUITE 470, OFFICE #13
CORAL GABLES, FL 33146

New Principal Place of Business:

C/O MONAHAN 2519 GALIANO STREET
SUITE 703
CORAL GABLES, FL 33134

Current Mailing Address:

C/O MONAHAN 4000 PONCE DE LEON BLVD.
SUITE 470, OFFICE #13
CORAL GABLES, FL 33146

New Mailing Address:

C/O MONAHAN 2519 GALIANO STREET
SUITE 703
CORAL GABLES, FL 33134

FEI Number: 98-0382408

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MONAHAN, ROARK R CPA
4000 PONCE DE LEON BLVD.
SUITE 470, OFFICE #13
CORAL GABLES, FL 33146 US

Name and Address of New Registered Agent:

MONAHAN, ROARK R CPA
2519 GALIANO STREET
SUITE 703
CORAL GABLES, FL 33134 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: ROARK R. MONAHAN CPA

04/22/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: GARCIA, AIDA
Address: C/O MONAHAN 4000 PONCE DE LEON BLVD.
City-St-Zip: CORAL GABLES, FL 33146

Title: D () Delete
Name: SCHOFFEL, IRMA
Address: C/O MONAHAN 4000 PONCE DE LEON BLVD.
City-St-Zip: CORAL GABLES, FL 33146

Title: D () Delete
Name: REY, ROCIO
Address: C/O MONAHAN 4000 PONCE DE LEON BLVD.
City-St-Zip: CORAL GABLES, FL 33146

Title: D () Delete
Name: FERNANDEZ, JUDITH
Address: C/O MONAHAN 4000 PONCE DE LEON BLVD
City-St-Zip: CORAL GABLES, FL 33146

Title: D () Delete
Name: TILLERO, KATTY
Address: C/O MONAHAN 4000 PONCE DE LEON BLVD
City-St-Zip: CORAL GABLES, FL 33146

Title: D () Delete
Name: BORGAS, ANA C
Address: C/O MONAHAN 4000 PONCE DE LEON BLVD
City-St-Zip: CORAL GABLES, FL 33146

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:

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: AIDA GARCIA

D

04/22/2009

Electronic Signature of Signing Officer or Director

Date