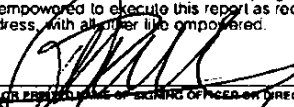


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Mar 23, 2007 8:00 am
Secretary of State

03-07-2007 90016 029 ****70.00

DOCUMENT # N02000008287 1. Entity Name FUNDACION REMANSO DE AMOR, INC					
Principal Place of Business 13025 NW 15 AVE MIAMI FL 33167		Mailing Address 13025 NW 15 AVE MIAMI FL 33167			
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip		City & State Zip		4. FEI Number 20-4265233	
Country		Country		5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent OTERO, CECILIA 479 NE 30 ST #605 MIAMI FL 33137				7. Name and Address of New Registered Agent Name: HORTENSIA ABREU Street Address (P.O. Box Number is Not Acceptable): 13025 NW 15 avenida City: Miami State: FL Zip Code: 33167	
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: 		Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)		DATE: 02-22-07	
FILE NOW: FEE IS \$81.25 Due By May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	P ABREU, HORTENSIA 13025 NW 15 AVE MIAMI FL 33167	☐ Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	V OTERO, CECILIA 479 NE 30 ST, #605 MIAMI FL 33137	☐ Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	T ABREU, FELIX 13025 NW 15 AVE MIAMI FL 33167	☐ Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	☐ Change ☐ Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 info empowered.					
SIGNATURE: 		Signature and typed or printed name of signing officer or director HORTENSIA ABREU		Date: 03-19-07	