

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000008287

FILED  
Apr 03, 2009  
Secretary of State

Entity Name: FUNDACION REMANSO DE AMOR, INC

## Current Principal Place of Business:

13025 NW 15 AVE  
MIAMI, FL 33167

## New Principal Place of Business:

## Current Mailing Address:

13025 NW 15 AVE  
MIAMI, FL 33167

## New Mailing Address:

FEI Number: 20-4265233

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

ABREU, HORTENSIA  
13025 NW 15 AVENIDA  
MIAMI, FL 33167 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: P ( ) Delete  
Name: ABREU, HORTENSIA  
Address: 13025 NW 15 AVE  
City-St-Zip: MIAMI, FL 33167

Title: V ( ) Delete  
Name: OTERO, CECILIA  
Address: 479 NE 30 ST, #605  
City-St-Zip: MIAMI, FL 33137

Title: T ( ) Delete  
Name: ULFE, MANUEL H  
Address: 10086 SW 143 PLACE  
City-St-Zip: MIAMI, FL 33186

Title: S ( ) Delete  
Name: ARANGO, MARTHA  
Address: 2900 SW 62 AVENUE  
City-St-Zip: MIAMI, FL 33155

Title: VS ( ) Delete  
Name: BOHORQUEZ, LUZ  
Address: 11850 SW 19 LANE #179  
City-St-Zip: MIAMI, FL 33175

Title: VT ( ) Delete  
Name: SERRANO, ADMIR  
Address: 8520 SW 133 AVE RD, #402  
City-St-Zip: MIAMI, FL 33183

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: ULFE, JULIA M  
Address: 10086 S.W. 143 PLACE  
City-St-Zip: MIAMI, FL 33186

Title: V (X) Change ( ) Addition  
Name: ABREU, HORTENCIA  
Address: 13025 N. W. 15 AVE  
City-St-Zip: MIAMI, FL 33167

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: MANUEL ULFE

TR

04/03/2009

Electronic Signature of Signing Officer or Director

Date