2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000009037

FILED Jul 11, 2006 Secretary of State

Entity Name: MARIA LUISA PIRAQUIVE DE MORENO FOUNDATION, INC.

Current P			
Current Principal Place of Business:		New Principal Place of Business:	
	/ 77TH COURT		
SUITE 224 HIALEAH	4 GARDENS, FL 33016		
Current N	Nailing Address:	New Mailing Add	ress:
	ENMORE DRIVE PRINGS, FL 33071		
ln accordar	:: 65-1170087 FEI Number Applied For () FEI nce with s. 607.193(2)(b), F.S., the corporation did not rece d Address of Current Registered Agent:		, ,
	•	Name and Addres	ss of New Registered Agent:
11996 GLI	ANGEL ESQ. ENMORE DRIVE PRINGS, FL 33071 US		
	e named entity submits this statement for the purpo e of Florida.	se of changing its regist	ered office or registered agent, or both,
SIGNATU	RE:		
SIGNATU	RE: Electronic Signature of Registered Agent		Date
SIGNATU OFFICER		ADDITIONS/CHAI	Date NGES TO OFFICERS AND DIRECTOR
	Electronic Signature of Registered Agent	ADDITIONS/CHAN Title: Name: Address: City-St-Zip:	
OFFICER Title: Name: Address:	Electronic Signature of Registered Agent S AND DIRECTORS: D () Delete PIRAQUIVE DE MORENO, MARIA LUISA 990 LAVENDER CIRCLE	Title: Name: Address:	NGES TO OFFICERS AND DIRECTOR
OFFICER Title: Name: Address: Dity-St-Zip: Title: Name: Address: Dity-St-Zip: Title: Name: Address: Address:	Electronic Signature of Registered Agent S AND DIRECTORS: D () Delete PIRAQUIVE DE MORENO, MARIA LUISA 990 LAVENDER CIRCLE WESTON, FL 33327 D () Delete MORENO, PERLA 990 LAVENDER CIRCLE	Title: Name: Address: City-St-Zip: Title: Name: Address:	NGES TO OFFICERS AND DIRECTOR () Change () Addition
OFFICER Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: Address:	Electronic Signature of Registered Agent S AND DIRECTORS: D () Delete PIRAQUIVE DE MORENO, MARIA LUISA 990 LAVENDER CIRCLE WESTON, FL 33327 D () Delete MORENO, PERLA 990 LAVENDER CIRCLE WESTON, FL 33327 D () Delete NUNEZ, ANGEL ESQ. 11996 GLENMORE DRIVE	Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: Address:	NGES TO OFFICERS AND DIRECTOR () Change () Addition () Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the 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: ANGEL NUNEZ, ESQ SEC 07/11/2006