

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000004770

FILED  
May 18, 2009  
Secretary of State

Entity Name: SIX FAMILY MATTERS II, INC.

## Current Principal Place of Business:

5556 W 22 COURT APT C2  
HIALEAH, FL 33016

## New Principal Place of Business:

## Current Mailing Address:

5556 W 22 COURT APT C2  
HIALEAH, FL 33016

## New Mailing Address:

1855 NW 46 ST  
MIAMI, FL 33142

FEI Number: 65-0869451      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

## Name and Address of Current Registered Agent:

DIAZ, WILSON A  
5556 W 22 COURT APT C2  
HIALEAH, FL 33016      US

## Name and Address of New Registered Agent:

DIAZ, WILSON A  
1855 NW 46 ST  
MIAMI, FL 33142      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: WILSON A. DIAZ

05/18/2009

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: PTE      ( ) Delete  
Name: DIAZ, WILSON A  
Address: 5556 W 22 COURT APT C2  
City-St-Zip: HIALEAH, FL 33016

Title: T      (X) Delete  
Name: REYES, ELSA A  
Address: 5556 W 22 COURT APT C2  
City-St-Zip: HIALEAH, FL 33016

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTE      (X) Change ( ) Addition  
Name: DIAZ, WILSON A  
Address: 1855 W 46 ST  
City-St-Zip: MIAMI, FL 33142

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: WILSON A. DIAZ

PTE

05/18/2009

Electronic Signature of Signing Officer or Director

Date