2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 08, 2008
Secretary of State

DOCUMENT# N03000005387

Entity Name: NANAY COMMUNITY DEVELOPMENT CORPORATION

Current Principal Place of Business:

659 NE 125 STREET
NORTH MIAMI, FL 33161

New Principal Place of Business:

Current Mailing Address:

659 NE 125 STREET
NORTH MIAMI, FL 33161

New Mailing Address:

FEI Number: 20-0054523 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
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:

BRUCE, JOCELYN H M.D.
659 NE 125 STREET
NORTH MIAMI, FL 33161 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: BRUCE, JOCELYN H M.D.
Address: 659 NE 125 STREET
City-St-Zip: NORTH MIAMI, FL 33161

Title: VP ( ) Delete
Name: TRINIDAD, BENNIE
Address: 659 NE 125 STREET
City-St-Zip: NORTH MIAMI, FL 33161

Title: SD ( ) Delete
Name: TANG, VENGHAN H
Address: 659 NE 125 STREET
City-St-Zip: NORTH MIAMI, FL 33161

Title: TD ( ) Delete
Name: GARCIA, RICARDO
Address: 659 NE 125 STREET
City-St-Zip: NORTH MIAMI, FL 33161

Title: D ( ) Delete
Name: RIVERA, ELENITA
Address: 659 NE 125 STREET
City-St-Zip: NORTH MIAMI, FL 33161

Title: D ( ) Delete
Name: WHANG, JOSEPHINE
Address: 659 NE 125 STREET
City-St-Zip: NORTH MIAMI, FL 33161

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PCEO (X) Change ( ) Addition
Name: BRUCE, JOCELYN H M.D.
Address: 2851 SOMERSET DRIVE # 415
City-St-Zip: LAUDERDALE LAKES, FL 33311

Title: VP (X) Change ( ) Addition
Name: TRINIDAD, RUBEN
Address: 1221 NE 131 STREET
City-St-Zip: NORTH MIAMI, FL 33161

Title: S (X) Change ( ) Addition
Name: GORDY, JOSEPHINE
Address: 8845 SW 148 DRIVE
City-St-Zip: MIAMI, FL 33158

Title: CFO (X) Change ( ) Addition
Name: BRUCE, EVELYN
Address: 2851 SOMERSET DRIVE # 415
City-St-Zip: LAUDERDALE LAKES, FL 33311

Title: COB (X) Change ( ) Addition
Name: ROJAS, JUAN
Address: 220 ALHAMBRA CIRCLE 5TH FLOOR
City-St-Zip: CORAL GABLES, FL 33134

Title: D (X) Change ( ) Addition
Name: MCDEARMAID, MICHAEL
Address: 840 NE 127 STREET
City-St-Zip: NORTH MIAMI, FL 33161

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: JOCELYN H. BRUCE PCEO 07/08/2008

Electronic Signature of Signing Officer or Director — Date