2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2009
Secretary of State

DOCUMENT# N03000007416

Entity Name: FRIENDS IN ACTION FOR RAAN, INC.

Current Principal Place of Business:

836 SW 1ST STREET, #204
MIAMI, FL 33130

New Principal Place of Business:

836 SW 1ST STREET
204
MIAMI, FL 33130

Current Mailing Address:

836 SW 1ST STREET, #204
MIAMI, FL 33130

New Mailing Address:

836 SW 1ST STREET
204
MIAMI, FL 33130

FEI Number: 56-2424792 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

BARTICE, GREGORY M
10372 N.W. 46 TERRACE
DORAL, FL 33178 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: PD ( ) Delete
Name: GUIDO, PABLO C
Address: 836 SW 1ST STREET, #204
City-St-Zip: MIAMI, FL 33130

Title: T ( ) Delete
Name: BARTICE, GREGORY M
Address: 10372 NW 46 TERR
City-St-Zip: MIAMI, FL 33178

Title: S ( ) Delete
Name: MONTIEL, JUAN J
Address: 715 NE 144 STREET
City-St-Zip: MIAMI, FL 33161

Title: VP ( ) Delete
Name: JARQUIN, JULIA S
Address: 3950 ESTEPONA AVENUE
City-St-Zip: DORAL, FL 33178

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: PABLO C GUIDO PRES 03/23/2009

Electronic Signature of Signing Officer or Director — Date