

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000008127

FILED
Jan 22, 2009
Secretary of State

Entity Name: GIVE TO COLOMBIA, INC.

Current Principal Place of Business:

GIVE TO COLOMBIA
6705 RED ROAD (SUITE 502)
CORAL GABLES, FL 33143

New Principal Place of Business:

Current Mailing Address:

GIVE TO COLOMBIA
6705 RED ROAD (SUITE 502)
CORAL GABLES, FL 33143

New Mailing Address:

FEI Number: 26-0073580

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

TAFUR, ANGELA MARIA
230 ISLAND DRIVE
KEY BISCAYNE, FL 33149 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: TAFUR, ANGELA MARIA
Address: 230 ISLAND DRIVE
City-St-Zip: KEY BISCAYNE, FL 33149

Title: D () Delete
Name: RANDALL, GEOFFREY
Address: 201 S. BISCAYNE BLVD., #1500
City-St-Zip: MIAMI, FL 33131

Title: D () Delete
Name: MEDINA, FELIPE
Address: 3501 ST. GAUDENS ROAD
City-St-Zip: COCONUT GROVE, FL 33133

Title: D () Delete
Name: CORDERO, GABRIELA F
Address: POB 19637
City-St-Zip: WASHINGTON, DC 20036

Title: D () Delete
Name: ARBOLEDA, RODRIGO
Address: 611 NORTH MASHTA DRIVE
City-St-Zip: KEY BISCAYNE, FL 33149

Title: D () Delete
Name: LEIVA, MARIA C
Address: 6705 RED ROAD. SUITE 503
City-St-Zip: CORAL GABLES, FL 33146

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:

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: MARIANA CARDENAS

M

01/22/2009

Electronic Signature of Signing Officer or Director

Date