

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000009971

FILED
Apr 29, 2009
Secretary of State

Entity Name: CASA DE JESUS, INC.

Current Principal Place of Business:

228-89 ST
SURFSIDE, FL 33154

New Principal Place of Business:

Current Mailing Address:

228-89 ST
SURFSIDE, FL 33154

New Mailing Address:

FEI Number: 20-0322927

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FATTORE, EZEQUIEL S
17150 NORTH BAY ROAD
APT 2709
SUNNY ISLES BEACH, FL 33160 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: RUIZ, ANDRES I
Address: 951 BRICKELL AVE APT 607
City-St-Zip: MIAMI, FL 33131

Title: VP () Delete
Name: FATTORE, MARCELO E
Address: 17150 NORTH BAY ROAD APT 2709
City-St-Zip: SUNNY ISLES BEACH, FL 33160

Title: SD () Delete
Name: FATTORE, EZEQUIEL S
Address: 17150 NORTH BAY ROAD APT 2709
City-St-Zip: SUNNY ISLES BEACH, FL 33160

Title: TD () Delete
Name: CORNOU, MARIA E
Address: 17145 N BAY RD # 4407
City-St-Zip: SUNNY ISLES BEACH, FL 33160

Title: D () Delete
Name: GARCIA, GERSON D
Address: 2000 NE 185TH TERRACE
City-St-Zip: NORTH MIAMI BEACH, FL 33179

Title: D () Delete
Name: FATTORE, LILLIANA
Address: 17150 NORTH BAY ROAD #2709
City-St-Zip: SUNNY ISLES BEACH, FL 33160

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: TD (X) Change () Addition
Name: MELLIAN, HORACIO
Address: 2000 NE 185TH TERRACE
City-St-Zip: NORTH MIAMI BEACH, FL 33179

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: ANDRES I. RUIZ

PD

04/29/2009

Electronic Signature of Signing Officer or Director

Date