

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000010211

FILED  
May 01, 2009  
Secretary of State

Entity Name: OPUS CARITATIS CORP.

## Current Principal Place of Business:

3609 SOUTH MIAMI AVE  
MIAMI, FL 33133

## New Principal Place of Business:

## Current Mailing Address:

3609 SOUTH MIAMI AVE  
MIAMI, FL 33133

## New Mailing Address:

FEI Number: 54-2136468      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:

## Name and Address of New Registered Agent:

CASTANEDA, OSCAR F REV  
ERMITA DE LA CARIDAD  
3609 SOUTH MIAMI AVE  
MIAMI, FL 33133 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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: CASTANEDA, OSCAR F REV  
Address: 3609 SOUTH MIAMI AVE  
City-St-Zip: MIAMI, FL 33133

Title: VP ( ) Delete  
Name: BRITO, CRISTINA  
Address: 13941 SW 25 ST  
City-St-Zip: MIAMI, FL 33175

Title: SEC ( ) Delete  
Name: BRITO, CRISTINA  
Address: 3609 SOUTH MIAMI AVE  
City-St-Zip: MIAMI, FL 33133

Title: CAAP ( ) Delete  
Name: LOPEZ, CARLOS  
Address: 3609 SOUTH MIAMI AVE  
City-St-Zip: MIAMI, FL 33133

Title: A ( ) Delete  
Name: PEREZ, MANUEL  
Address: 5920 SW 113TH CT  
City-St-Zip: MIAMI, FL 33176

Title: S ( ) Delete  
Name: DUBOY, LOURDES  
Address: 3802 PARK DR  
City-St-Zip: HOLLYWOOD, FL 33026

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: A (X) Change ( ) Addition  
Name: ORDIERES, FRANCES  
Address: 55 OCEAN LANE DR #4024  
City-St-Zip: KEY BISCAVNE, FL 33142

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: MANUEL MARROQUIN

A

05/01/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date