

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000000924

FILED  
Apr 30, 2009  
Secretary of State

Entity Name: ASOCIACION DE BIOETICA, INC.

**Current Principal Place of Business:**

1257 CHENILLE CIR.  
WESTON, FL 33327

**New Principal Place of Business:**

**Current Mailing Address:**

1257 CHENILLE CIR.  
WESTON, FL 33327

**New Mailing Address:**

FEI Number: 20-0664476

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GBS CONSULTANTS  
18501 PINES BLVD. STE 201  
PEMBROKE PINES, FL 33029 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: SOLIS, CAROLINA  
Address: 18501 PINES BLVD STE 201  
City-St-Zip: PEMBROKE PINES, FL 33029

Title: SD ( ) Delete  
Name: ALASINO, ENRIQUE  
Address: 18501 PINES BLVD STE 201  
City-St-Zip: PEMBROKE PINES, FL 33029

Title: VTD ( ) Delete  
Name: DE MORENO, LUISIANA L  
Address: 18501 PINES BLVD STE 201  
City-St-Zip: PEMBROKE PINES, FL 33029

**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:

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: CAROLINA SOLIS

PD

04/30/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date