2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 08:00 A
Secretary of State

DOCUMENT # N04000001892

1. Entity Name
LA CASA DE LA AUTOESTIMA (SELFESTEEM'S HOME), INC

Principal Place of Business	Mailing Address
375 AYLESBURY CT KISSIMMEE, FL 34758 US	P.O. BOX 470692 CELEBRATION, FL 34747 US

DO NOT WRITE IN THIS SPACE

04272007 No Chg-NP CR2E037 (4/06)

4. FEI Number
90-0154526
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

EMMANUELLI, MARIBETH
375 AYLESBURY CT
KISSIMMEE, FL 34758

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ 4/27/07
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	EMMANUELLI, MARIBETH
STREET ADDRESS	375 AYLESBURY CT
CITY-ST-ZIP	KISSIMMEE, FL 34758
TITLE	T
NAME	DELGADO, NADIR
STREET ADDRESS	2203 MARGARITA CT
CITY-ST-ZIP	KISSIMMEE, FL 34741
TITLE	S
NAME	SENA, MARIA
STREET ADDRESS	2413 AUGUSTA WAY
CITY-ST-ZIP	KISSIMMEE, FL 34746
TITLE	V
NAME	MORALES, CARMEN
STREET ADDRESS	71 LAS BRISAS WAY
CITY-ST-ZIP	KISSIMMEE, FL 34743
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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U00000724558
05/02/07-80115-019 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Maribeth Emmanuelli 4/27/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

(407)933-6761