

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000001892

FILED
May 02, 2008
Secretary of State

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

Current Principal Place of Business:

375 AYLESBURY CT
KISSIMMEE, FL 34758 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 470692
CELEBRATION, FL 34747 US

New Mailing Address:

FEI Number: 90-0154526 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
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:

EMMANUELLI, MARIBETH
375 AYLESBURY CT
KISSIMMEE, FL 34758 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: EMMANUELLI, MARIBETH
Address: 375 AYLESBURY CT
City-St-Zip: KISSIMMEE, FL 34758

Title: T () Delete
Name: DELGADO, NADIR
Address: 2203 MARGARITA CT
City-St-Zip: KISSIMMEE, FL 34741

Title: S () Delete
Name: SENA, MARIA
Address: 2413 AUGUSTA WAY
City-St-Zip: KISSIMMEE, FL 34746

Title: V () Delete
Name: MORALES, CARMEN
Address: 71 LAS BRISAS WAY
City-St-Zip: KISSIMMEE, FL 34743

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:

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: MARIBETH EMMANUELLI

P

05/02/2008

Electronic Signature of Signing Officer or Director

Date