

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000006378

FILED  
Apr 06, 2009  
Secretary of State

**Entity Name:** FOUNDATION TEPEYAC-NICARAGUA, INC.

**Current Principal Place of Business:**

14472 SW 50 TERRACE  
MIAMI, FL 33175

**New Principal Place of Business:**

**Current Mailing Address:**

14472 SW 50 TERRACE  
MIAMI, FL 33175

**New Mailing Address:**

**FEI Number:** 20-1496783

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

ARGENAL-PENALBA, CLAUDIA  
7511 SW 89 AVE  
MIAMI, FL 33173 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: ARGENAL-PENALBA, CLAUDIA  
Address: 7511 SW 89 AVE  
City-St-Zip: MIAMI, FL 33173 34

Title: VP ( ) Delete  
Name: CUEVAS, ALEXANDRA  
Address: 4528 SW 143 PLACE E  
City-St-Zip: MIAMI, FL 33175

Title: T ( ) Delete  
Name: PLUT, MARTHA E  
Address: 670 SW 116 CT  
City-St-Zip: SWEETWATER, FL 33174

Title: S ( ) Delete  
Name: ARCAS, INDIANA Z  
Address: 14472 SW 50 TERRACE  
City-St-Zip: MIAMI, FL 33175

**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: MARTHA E PLUT

T

04/06/2009

Electronic Signature of Signing Officer or Director

Date