2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2007
Secretary of State

DOCUMENT# N04000011496

Entity Name: FUNDACION ROCKINCHA "LOS NINOS DE LA LUZ", INC.

Current Principal Place of Business:

1505 NW 14TH ST.
MIAMI, FL 33125

New Principal Place of Business:

Current Mailing Address:

2445 NW 14TH ST.
MIAMI, FL 33125

New Mailing Address:

FEI Number: 32-0138058 **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:

LUIS, MARIA M
2445 NW 14TH ST.
MIAMI, FL 33125 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: LUIS, MARIA M
Address: 2445 NW 14TH ST.
City-St-Zip: MIAMI, FL 33125

Title: DV ( ) Delete
Name: VALDES, LINAKA
Address: 838 NW 134TH AVE.
City-St-Zip: MIAMI, FL 33182

Title: TD ( ) Delete
Name: CASTANEDAS, CLOTILDE
Address: 1601 BAY RD. #2
City-St-Zip: MIAMI BCH, FL 33139

Title: SD ( ) Delete
Name: RIBAO, ELIZABETH
Address: 2445 NW 14 ST
City-St-Zip: MIAMI, FL 33125

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: MARIA M LUIS PD 05/01/2007

Electronic Signature of Signing Officer or Director — Date