## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N04000011496

FILED Aug 05, 2008 Secretary of State

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

**New Principal Place of Business: Current Principal Place of Business:** 1505 NW 14TH ST. MIAMI, FL 33125 **Current Mailing Address: New Mailing Address:** 2445 NW 14TH ST. MIAMI, FL 33125 FEI Number: 32-0138058 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: Name and Address of New Registered Agent: LUIS, MARIA M 2445 NW 14TH ST. MIAMI, FL 33125 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete LUIS, MARIA M Name: Name: Address: 2445 NW 14TH ST. Address: City-St-Zip: MIAMI, FL 33125 City-St-Zip: Title: DV ( ) Delete Title: () Change () Addition Name: VALDES, LINAKA Name: Address: 838 NW 134TH AVE. Address: City-St-Zip: MIAMI, FL 33182 City-St-Zip: Title: () Delete Title: (X) Change ( ) Addition CASTANEDAS, CLOTILDE Name: RIBAO, ELIZABETH Name: 1601 BAY RD. #2 Address: Address: 2445 NW 14TH ST City-St-Zip: MIAMI BCH, FL 33139 City-St-Zip: MIAMI, FL 33125 Title: SD (X) Delete Title: () Change () Addition Name: RIBAO, ELIZABETH Name: Address: 2445 NW 14 ST Address: City-St-Zip: MIAMI, FL 33125 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 P 08/05/2008