

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Mar 26, 2009  
Secretary of State**

DOCUMENT# N04000011560

Entity Name: EL BUEN SAMARITANO, INC.

**Current Principal Place of Business:**

5825 SW 100TH STREET  
PINECREST, FL 33156

**New Principal Place of Business:**

**Current Mailing Address:**

5825 SW 100TH STREET  
PINECREST, FL 33156

**New Mailing Address:**

FEI Number:                      FEI Number Applied For ( )                      FEI Number Not Applicable (X)                      Certificate of Status Desired ( )

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

MICHAELS, MARVIN D  
1010 SW 86TH CT.  
MIAMI, FL 33144    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:                      JIMENEZ, PEDRO R  
Address:                      5825 SW 100TH STREET  
City-St-Zip:                      PINECREST, FL 33156

Title:                      STD                      ( ) Delete  
Name:                      JIMENEZ, MARGARITA B  
Address:                      5825 SW 100 ST.  
City-St-Zip:                      PINECREST, FL 33156

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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: MARGARITA JIMENEZ

STD

03/26/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date