

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000011873

FILED  
Mar 17, 2009  
Secretary of State

Entity Name: M.E.M.R.A. INTERNATIONAL FOUNDATION & TRAINING CENTER, INC.

**Current Principal Place of Business:**

79 NW 54TH ST  
MIAMI, FL 33127

**New Principal Place of Business:**

**Current Mailing Address:**

79 NW 54TH ST  
MIAMI, FL 33127

**New Mailing Address:**

FEI Number: 20-2059042      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

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

LUXAMA, JEAN ROMANES  
195 NE 167 ST  
N MIAMI BEACH, FL 33162      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: PRUDENT, NAOMIE ESTHER  
Address: 13428 SW 31ST ST  
City-St-Zip: MIRAMAR, FL 33027

Title: VPD ( ) Delete  
Name: LUXAMA, JEAN ROMANES  
Address: 1951 NE 167TH ST  
City-St-Zip: N MIAMI BEACH, FL 33162

Title: AD ( ) Delete  
Name: BATRONY, SARADJINE  
Address: 651 NW 73 TERR  
City-St-Zip: HOLLYWOOD, FL 33024

Title: SD ( ) Delete  
Name: MIKEY, BOUDEAU S  
Address: 1600 NE 143 ST  
City-St-Zip: NORTH MIAMI, FL 33181

Title: TD ( ) Delete  
Name: PRUDENT, WILNER  
Address: 13428 SW 31ST ST  
City-St-Zip: MIRAMAR, FL 33027

Title: AD ( ) Delete  
Name: JACQUES, NESLY  
Address: 1211 SW MINYO AVENUE  
City-St-Zip: PORT ST LUCIE, FL 34953

**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:

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: JEAN ROMANES LUXAMA

APD

03/17/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date