

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000001168

FILED
May 16, 2008
Secretary of State

Entity Name: HUNGER CORPORATION

Current Principal Place of Business:

11559 SW 84TH LANE
MIAMI, FL 33173

New Principal Place of Business:

Current Mailing Address:

11559 SW 84TH LANE
MIAMI, FL 33173

New Mailing Address:

FEI Number: 87-0741606 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:

CORBERA, WILLIAM J DIRECTO
11559 SW 84TH LANE
MIAMI, FL 33173 US

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: D () Delete
Name: CORBERA, WILLIAM J DIRECTO
Address: 11559 SW 84TH LANE
City-St-Zip: MIAMI, FL 33173

Title: P () Delete
Name: CORBERA, MONTSEERRAT A PRESIDE
Address: 11559 SW 84TH LANE
City-St-Zip: MIAMI, FL 33173

Title: T () Delete
Name: CORBERA, MIKE J TREASUR
Address: 11559 SW 84TH LANE
City-St-Zip: MIAMI, FL 33173

Title: VP () Delete
Name: HINCAPIE, MARK R VICE PR
Address: 141 MONMOUTH ROAD
City-St-Zip: MONROE TOWNSHIP, NJ 08831

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: MARK HINCAPIE

VP

05/16/2008

Electronic Signature of Signing Officer or Director

Date