

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000003270

FILED
May 11, 2009
Secretary of State

Entity Name: NEW LIFE AFTER SCHOOL PROGRAM, INC.

Current Principal Place of Business:

301 WESTWARD DR.
MIAMI SPRINGS, FL 33166

New Principal Place of Business:

Current Mailing Address:

P.O.BOX 660597
MIAMI, FL 332660597 US

New Mailing Address:

FEI Number: 61-1553613 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:

RIVERO, EDUARDO
610 RAVEN AVE
MIAMI SPRINGS, FL 33166 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: D () Delete
Name: RIVERO, EDUARDO
Address: 610 RAVEN AVE
City-St-Zip: MIAMI SPRINGS, FL 33166

Title: D () Delete
Name: RIVERO, MARIA
Address: 610 RAVEN AVE
City-St-Zip: MIAMI SPRINGS, FL 33166

Title: D () Delete
Name: LEON, HIPOLITO M
Address: 555 E 5TH ST
City-St-Zip: HIALEAH, FL 33013

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PST (X) Change () Addition
Name: RIVERO, EDUARDO
Address: 610 RAVEN AVE
City-St-Zip: MIAMI SPRINGS, FL 33166

Title: VP (X) Change () Addition
Name: RIVERO, MARIA
Address: 610 RAVEN AVE
City-St-Zip: MIAMI SPRINGS, FL 33166

Title: AS (X) Change () Addition
Name: LEON, HIPOLITO M
Address: 555 E 5TH ST
City-St-Zip: HIALEAH, FL 33013

Title: BM () Change (X) Addition
Name: PEREZ, GISELLE
Address: 389 LAVILLA DRIVE
City-St-Zip: MIAMI SPRINGS, FL 33166

Title: BM () Change (X) Addition
Name: BRICENO, BELKIS
Address: 14713 SW 61 TERR
City-St-Zip: MIAMI, FL 33193

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: EDUARDO RIVERO

PRES

05/11/2009

Electronic Signature of Signing Officer or Director

_____ Date