2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000005033

Entity Name: FUNDACION PROVIDENCIA, INC

FILED Jul 24, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

9917 NOB HILL PLACE B, 17 SUNRISE, FL 33351

New Mailing Address: Current Mailing Address:

9917 NOB HILL PLACE B.17 SUNRISE, FL 33351

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) 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: Name and Address of New Registered Agent:

VELASCO, GILDA 9022 NW 28TH DR **APT 205** CORAL SPRINGS, FL 33065 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:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition () Delete

FRANCO, YOLANDA FRANCO, YOLANDA Name: Name:

9917 NOB HILL PLACE, BUILDING 17 Address: 9917 NOB HILL PLACE, BUILDING 17 Address:

SUNRISE, FL 33351 City-St-Zip: SUNRISE, FL 33351 City-St-Zip:

Title: Title: (X) Change () Addition () Delete

QUINTERO, JUAN C Name: Name: QUINTERO, JUAN C

Address: 9917 NOB HILL PLACE, BUILDING 17 Address: 9917 NOB HILL PLACE, BUILDING 17

City-St-Zip: SUNRISE, FL 33351 City-St-Zip: SUNRISE, FL 33351

Title: () Delete Title: (X) Change () Addition TORRES, JULIO Name: ALMANZA, ALVARO Name:

9917 NOB HILL PLACE, BUILDING 17 1471 SABAL TRAIL Address: Address:

City-St-Zip: SUNRISE, FL 33351 City-St-Zip: WESTON, FL 33327

Title: () Delete Title: (X) Change () Addition TORRES, JULIANA Name: Name: ZOPO, CECILIA

9917 NOB HILL PLACE, BUILDING 17 9917 NOB HILL PLACE, BUILDING 17 Address: Address:

City-St-Zip: SUNRISE, FL 33351 City-St-Zip: SUNRISE, FL 33351

I hereby certify that the information supplied with this filing does not qualify for the 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.

Ρ SIGNATURE: YOLANDA FRANCO 07/24/2006