2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000005237

Title:

Name:

Address: City-St-Zip:

FILED May 17, 2007 Secretary of State

Entity Name: CUENTA CONMIGO.INC **Current Principal Place of Business: New Principal Place of Business:** 499WEST 23RD. STREET HIALEAH, FL 33010 **Current Mailing Address: New Mailing Address:** 10885NW 50TH STREET APT # 211 DORAL, FL 33178 FEI Number: 02-0743900 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: SANTANA, JORGE 10885NW 50TH STREET APT 211 DORAL, FL 33178 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: () Change () Addition () Delete SANTANA, JORGE Name: Name: Address: 10885NW 50TH. STREET, APT # 211 Address: City-St-Zip: DORAL, FL 33178 City-St-Zip: Title: () Delete Title: () Change () Addition Name: GONZALEZ, CRISTINA Name: Address: 10885 NW 50TH STREET, APT # 211 Address: City-St-Zip: DORAL, FL 33178 City-St-Zip: Title: () Delete Title: () Change () Addition PORTAL, NORA Name: Name: 4780 CITRUS WAY Address: Address: City-St-Zip: COOPER CITY, FL 33330 City-St-Zip: Title: () Delete Title: () Change () Addition CARTAYA, ALIADNA Name: Name: 5385 NW 158TH. TERRACE, APT#305 Address: Address: City-St-Zip: OPA-LOCKA, FL 33014 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.

Title:

Name:

Address:

City-St-Zip:

Ρ SIGNATURE: JORGE SANTANA 05/17/2007

() Delete

GONZALEZ, NANCY

KENDALL, FL 331996

15001 SW 91ST. TERRACE

() Change () Addition