

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000010721

FILED
Jul 31, 2007
Secretary of State

Entity Name: RAMONA ESPINAL GUZMAN & DOLORE ESPINAL GUZMAN FAMILIA INC

Current Principal Place of Business:

8712 NW 170TH TERR
MIAMI, FL 33018

New Principal Place of Business:

6340 MADISON STREET
APT 906
HOLLYWOOD, FL 33023

Current Mailing Address:

8712 NW 170TH TERR
MIAMI, FL 33018

New Mailing Address:

6340 MADISON STREET
APT 906
HOLLYWOOD, FL 33023

FEI Number: 20-3929491 **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:

MEJIA, ARMANDO R
8712 NW 170TH TERR
MIAMI, FL 33018 US

Name and Address of New Registered Agent:

MEJIA, ARMANDO R
7270 NW 12TH STREET
SUITE 760
MIAMI, FL 33126 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: ARMANDO R MEJIA

07/31/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MEJIA, ARMANDO R
Address: 8712 NW 170TH TERR
City-St-Zip: MIAMI, FL 33018

Title: VP () Delete
Name: MEJIA, JOSE D
Address: 1214 NW 137TH TERR
City-St-Zip: PEMBROKE PINES, FL 33028

Title: D () Delete
Name: ESPINAL, ANDREA
Address: 6340 MADISON ST
City-St-Zip: HOLLYWOOD, FL 33023

Title: D () Delete
Name: PENA, ALTAGRACIA E
Address: 6340 MADISON ST
City-St-Zip: HOOLLYWOOD, FL 33023

Title: D () Delete
Name: ESPINAL, ROSA
Address: 6340 MADISON ST
City-St-Zip: HOLLYWOOD, FL 33023

Title: D () Delete
Name: AVALO, LOURDES E
Address: 6340 MADISON ST
City-St-Zip: HOLLYWOOD, FL 33023

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: MEJIA, ARMANDO R
Address: 7270 NW 12TH STREET SUITE 760
City-St-Zip: MIAMI, FL 33126

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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Name:
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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: ARMANDO R MEJIA

PD

07/31/2007

Electronic Signature of Signing Officer or Director

Date