

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000011152

FILED  
Jan 19, 2009  
Secretary of State

Entity Name: OCTAVIO FELINE FOUNDATION, CORP.

**Current Principal Place of Business:**

8880 SW 8 ST  
MIAMI, FL 33144 US

**New Principal Place of Business:**

2526 SW 27 AVE  
MIAMI, FL 33133 US

**Current Mailing Address:**

P.O. BOX 440738  
MIAMI, FL 33144 US

**New Mailing Address:**

FEI Number: 20-3756400      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

VALLES, SILVIA M  
8880 SW 8 ST  
MIAMI, FL 33144 US

**Name and Address of New Registered Agent:**

VALLES, SILVIA M  
2526 SW 27 AVE  
MIAMI, FL 33133 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: SILVIA M. VALLES      01/19/2009  
\_\_\_\_\_  
Electronic Signature of Registered Agent      Date

**OFFICERS AND DIRECTORS:**

Title: P      ( ) Delete  
Name: VALLES, SILVIA M  
Address: 8880 SW 8 ST  
City-St-Zip: MIAMI, FL 33144

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

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

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P      (X) Change ( ) Addition  
Name: VALLES, SILVIA M  
Address: 2526 SW 27 AVE  
City-St-Zip: MIAMI, FL 33133

Title: VP      ( ) Change (X) Addition  
Name: BASTERRECHEA, MABEL  
Address: 2526 SW 27 AVE  
City-St-Zip: MIAMI, FL 33133

Title: S      ( ) Change (X) Addition  
Name: VILLEGAS, GIOMAR  
Address: 6210 SW 130 AVE  
City-St-Zip: MIAMI, FL 33183

Title: T      ( ) Change (X) Addition  
Name: VILLEGAS, GIOMAR  
Address: 6210 SW 130 AVE  
City-St-Zip: MIAMI, FL 33133

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: SILVIA M. VALLES      P      01/19/2009  
\_\_\_\_\_  
Electronic Signature of Signing Officer or Director      Date