

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000011586

FILED
Jul 13, 2006
Secretary of State

Entity Name: RAICES DE ESPERANZA INC.

Current Principal Place of Business:

P.O. BOX 260486
MIAMI, FL 33126

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 260486
MIAMI, FL 33126

New Mailing Address:

FEI Number: 20-3801097 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:

CORPORATE CREATIONS NETWORK INC.
11380 PROSPERITY FARMS RD., STE. 221E
PALM BEACH GARDENS, FL 33410 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:

Title: D () Delete
Name: GORORDO, L. FELICE
Address: P.O. BOX 260486
City-St-Zip: MIAMI, FL 33126

Title: D () Delete
Name: CABRERA, DIANE
Address: P.O. BOX 260486
City-St-Zip: MIAMI, FL 33126

Title: D () Delete
Name: GRIMAL, NICOLE M.
Address: P.O. BOX 260486
City-St-Zip: MIAMI, FL 33126

Title: D () Delete
Name: JIMENEZ, JOSE
Address: P.O. BOX 260486
City-St-Zip: MIAMI, FL 33126

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: () Change () Addition
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 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: DIANE CABRERA

D

07/13/2006

Electronic Signature of Signing Officer or Director

Date