2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000000811

FILED May 14, 2009 Secretary of State

Entity Name	: MISION MANOS HERMANAS, INC.		
Current Prin	ncipal Place of Business:	New Principal Place of Bus	iness:
2700 S. GLAI	DES CIRCLE		
UNIT 200 WESTON, FI	I 33327		
Current Mail	ling Address:	New Mailing Address:	
	DES CIRCLE		
UNIT 200 WESTON, FI	L 33327		
FEI Number: 20		FEI Number Not Applicable () Cer	tificate of Status Desired ()
In accordance	with s. 607.193(2)(b), F.S., the corporation did	not receive the prior notice.	. ,
Name and A	ddress of Current Registered Agent:	Name and Address of New	Registered Agent:
VELIZ, ANA I			
5880 SW 27 MIAMI, FL 33			
1411/ (1411, 1 2 00			
The above na	amed entity submits this statement for the	e purpose of changing its registered office	or registered agent, or both
in the State of	f Florida.	parpose or enanging ne registered emee	or regional agent, or bear,
SIGNATURE	: :		
SIGNATURE	Electronic Signature of Registered A	gent	Date
			Date Description of the company of
OFFICERS A	Electronic Signature of Registered A AND DIRECTORS:	ADDITIONS/CHANGES TO	OFFICERS AND DIRECTORS
OFFICERS &	Electronic Signature of Registered A	ADDITIONS/CHANGES TO	
OFFICERS A Title: E Name: C Address: 2	Electronic Signature of Registered A AND DIRECTORS: DP () Delete CORCES, FR. PEDRO M 2700 S. GLADES CIRCLE UNIT 200	ADDITIONS/CHANGES TO (Title: () Char Name: Address:	OFFICERS AND DIRECTORS
OFFICERS A Title: E Name: C Address: 2	Electronic Signature of Registered A AND DIRECTORS: DP () Delete CORCES, FR. PEDRO M	ADDITIONS/CHANGES TO (Title: () Char Name:	OFFICERS AND DIRECTORS
OFFICERS A Title:	Electronic Signature of Registered A AND DIRECTORS: DP () Delete CORCES, FR. PEDRO M 2700 S. GLADES CIRCLE UNIT 200 WESTON, FL 33327 DST () Delete	ADDITIONS/CHANGES TO C Title: () Char Name: Address: City-St-Zip: Title: () Char	OFFICERS AND DIRECTORS
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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: PEDRO CORCES P 05/14/2009