2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2009
Secretary of State

DOCUMENT# N06000001591

Entity Name: CASA DE ORACION KABOD, INC

Current Principal Place of Business:

6013 EDGEMERE CT
PALM BEACH GARDENS, FL 33410 US

New Principal Place of Business:

Current Mailing Address:

6013 EDGEMERE CT
PALM BEACH GARDENS, FL 33410 US

New Mailing Address:

FEI Number: 20-3969420 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CIFUENTES, CLARA
6013 EDGEMERE CT
PALM BEACH GARDENS, FL 33410 US

Name and Address of New Registered Agent:

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: P ( ) Delete
Name: CIFUENTES, CLARA
Address: 6013 EDGEMERE CT
City-St-Zip: PALM BEACH GARDENS, FL 33410 US

Title: V ( ) Delete
Name: CIFUENTES, CHRISTIAN
Address: 6013 EDGEMERE CT
City-St-Zip: PALM BEACH GARDENS, FL 33410 US

Title: T ( ) Delete
Name: DIAZ, EVELYN I
Address: 6013 EDGEMERE CT
City-St-Zip: PALM BEACH GARDENS, FL 33410 US

Title: PI (X) Delete
Name: DE CAMPO, CARMEN
Address: 4760 ELMHURST RD #2
City-St-Zip: WEST PALM BEACH, FL 33417

Title: PI (X) Delete
Name: JIMENEZ, ALINA
Address: 594 SPRINDALE CIRCLE
City-St-Zip: LAKE WORTH, FL 33461

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: T (X) Change ( ) Addition
Name: CIFUENTES, CLARA
Address: 6013 EDGEMERE CT
City-St-Zip: PALM BEACH GARDENS, FL 33410 US

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 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: CLARA CIFUENTES P 02/04/2009
Electronic Signature of Signing Officer or Director — Date