

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000003376

FILED
Apr 29, 2009
Secretary of State

Entity Name: CORAZON ALEGRE, INC.

Current Principal Place of Business:

2500 SW 107 AVE - STE 27
MIAMI, FL 33165

New Principal Place of Business:

Current Mailing Address:

2500 SW 107 AVE - STE 27
MIAMI, FL 33165

New Mailing Address:

FEI Number: 20-4666462

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PAZ, AMANDA
2500 SW 107 AVE - STE 27
MIAMI, FL 33165 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: PD () Delete
Name: PAZ, AMANDA
Address: 2500 SW 107 AVE - STE 27
City-St-Zip: MIAMI, FL 33165

Title: VPD () Delete
Name: PAZ, MARTHA
Address: 2500 SW 107 AVE - STE 27
City-St-Zip: MIAMI, FL 33165

Title: TD () Delete
Name: PINZON, MARIAA C
Address: 2500 SW 107 AVE - STE 27
City-St-Zip: MIAMI, FL 33165

Title: TD (X) Delete
Name: PAZ, JUAN MARCOS
Address: 9346 SW 154TH PLACE
City-St-Zip: MIAMI, FL 33196

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: PAZ, AMANDA
Address: 5650 NW 115TH COURT.. APT 204
City-St-Zip: DORAL, FL 33178

Title: VPD (X) Change () Addition
Name: PAZ, MARTHA
Address: 8402 NW 144 PATH
City-St-Zip: DORAL, FL 33178

Title: TD (X) Change () Addition
Name: PAZ, JUAN
Address: 5650 NW 115TH COURT APT. 204
City-St-Zip: DORAL, FL 33178

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: AMANDA PAZ

PD

04/29/2009

Electronic Signature of Signing Officer or Director

Date