

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000003880

FILED  
Mar 15, 2007  
Secretary of State

**Entity Name:** PRO-FONDO UNA ESPERANZA DE VIDA EMILY Y ROXANNE, INC.

**Current Principal Place of Business:**

909 WINBROOKS DRIVE  
DELTONA, FL 32725

**New Principal Place of Business:**

**Current Mailing Address:**

909 WINBROOKS DRIVE  
DELTONA, FL 32725

**New Mailing Address:**

**FEI Number:** 14-1957692

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ORTIZ, GEORGINA M  
1783 GATEWOOD DRIVE  
DELTONA, FL 32738 US

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

VALDERRAMA PARTNERS, LLC  
1870 PROVIDENCE BLVD  
SUITE K  
DELTONA, FL 32725 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: CARLOS VALDERRAMA

03/15/2007

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: SANTIAGO, EMILIO JR.  
Address: 909 WINBROOKS DRIVE  
City-St-Zip: DELTONA, FL 32725

Title: VD ( ) Delete  
Name: SANTIAGO, ZENaida  
Address: P.O. BOX 390364  
City-St-Zip: DELTONA, FL 32739

Title: SD ( ) Delete  
Name: OQUENDO, SONIA N  
Address: 522 BLACKSTONE AVE  
City-St-Zip: DELTONA, FL 32725

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

**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: TD ( ) Change (X) Addition  
Name: VAZQUEZ, VIONETTE  
Address: 282 WILSHIRE BLVD  
City-St-Zip: CASSALBERY, FL 32707 US

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: EMILIO SANTIAGO

D

03/15/2007

Electronic Signature of Signing Officer or Director

Date