

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000003880

FILED
Mar 30, 2009
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 US

New Principal Place of Business:

1101 S. WOODLAND BLVD
SUITE C
DELAND, FL 32720 US

Current Mailing Address:

909 WINBROOKS DRIVE
DELTONA, FL 32725 US

New Mailing Address:

P.O. BOX 390364
DELTONA, FL 32739 US

FEI Number: 14-1957692

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VALDERRAMA PARTNERS, LLC
1870 PROVIDENCE BLVD
SUITE K
DELTONA, FL 32725 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: S () Delete
Name: RODRIGUEZ, YOSELINE
Address: 753 CRAWFORD CT
City-St-Zip: DELTONA, FL 32725 US

Title: P () Delete
Name: RIVERA, KISSIE
Address: 7908 SAGEBRUSH PL
City-St-Zip: ORLANDO, FL 32822 US

Title: VP () Delete
Name: DUQUE, MYRAH
Address: 2430 PINE TREE ACRES LANE
City-St-Zip: DELTONA, FL 32738 US

Title: T () Delete
Name: MORRIS, MARITZA
Address: 30904 ODEN STREET
City-St-Zip: SORENTO, FL 32776 US

Title: V () Delete
Name: CASTRO, RICARDO
Address: 123 ALEXANDRA WORD DR
City-St-Zip: DEBARY, FL 32713 US

Title: V (X) Delete
Name: VALDERRAMA, CARLOS
Address: P.O. BOX 319253
City-St-Zip: DELTONA, FL 32739 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: S (X) Change () Addition
Name: RIJOS, ROSEMARY
Address: 16280 SOUTH POST RD
City-St-Zip: WESTON, FL 33331 US

Title: P (X) Change () Addition
Name: SANTIAGO, ZENaida
Address: 751 RALEIGH COURT
City-St-Zip: DELTONA, FL 32738 US

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 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: MYRAH DUQUE

VP

03/30/2009

Electronic Signature of Signing Officer or Director

Date