2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000004759

FILED Apr 24, 2009 Secretary of State

Entity Name: COMMUNITY OUTREACH SUPPORT AND SERVICES, INCORPORATED

Current Principal Place of Business:		New Principal Place of Business:
	MMIT WEST BLVD	
APT. 10F ГАМРА, F	FL 33617 US	
Current N	<i>l</i> lailing Address:	New Mailing Address:
P.O. BOX TAMPA, F	290873 FL 33687 US	
El Number	r: 35-2302468 FEI Number Applied For ()	FEI Number Not Applicable () Certificate of Status Desired ()
Name and	d Address of Current Registered Agent:	Name and Address of New Registered Agent:
OPEZ, P		
4PT.10F	MMIT WEST BLVD FL 33617 US	
APT.10F TAMPA, F The above	FL 33617 US	e purpose of changing its registered office or registered agent, or bot
APT.10F TAMPA, F The above	FL 33617 US e named entity submits this statement for the e of Florida.	e purpose of changing its registered office or registered agent, or bot
APT.10F TAMPA, F The above n the Stat	FL 33617 US e named entity submits this statement for the e of Florida.	
APT.10F TAMPA, F The above n the Stat SIGNATU	FL 33617 US e named entity submits this statement for the e of Florida. RE:	
APT.10F TAMPA, F The above n the Stat SIGNATU	FL 33617 US e named entity submits this statement for the of Florida. RE: Electronic Signature of Registered	Agent Date
APT.10F rAMPA, F The above n the Stat SIGNATU DFFICER Title: Name: Address:	EL 33617 US e named entity submits this statement for the of Florida. RE: Electronic Signature of Registered and Statement for the control of the control	Agent Date ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR Title: () Change () Addition Name: Address:

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: PAULA LOPEZ ED 04/24/2009