

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000005843

FILED
Apr 13, 2009
Secretary of State

Entity Name: EL ACEITE NO ESCASEARA, INC.

Current Principal Place of Business:

9264 ESTATE COVE CIR
RIVERVIEW, FL 33578

New Principal Place of Business:

Current Mailing Address:

9264 ESTATE COVE CIR
RIVERVIEW, FL 33578

New Mailing Address:

FEI Number: 34-2065221

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

FEBRES, HILDA T
9264 ESTATE COVE CIR
RIVERVIEW, FL 33578 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: FEBRES, HILDA T
Address: 9264 ESTATE COVE CIR
City-St-Zip: RIVERVIEW, FL 33569

Title: T () Delete
Name: GUTIERREZ, ANA
Address: 2919 W ST CONRAD ST
City-St-Zip: TAMPA, FL 33607

Title: S () Delete
Name: VELAZQUEZ, NANCY
Address: 7702 RIVER GATE DR APT 224
City-St-Zip: TAMPA, FL 33619

Title: T () Delete
Name: COLON, FLOR M
Address: 23068 GENEVA RD.
City-St-Zip: LAND O LAKES, FL 34639

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: S (X) Change () Addition
Name: VELAZQUEZ, NANCY
Address: 6302 PALM RIVER RD
City-St-Zip: TAMPA, FL 33619

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: HILDA T FEBRES

DIRE

04/13/2009

Electronic Signature of Signing Officer or Director

Date