

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000007493

FILED
Mar 25, 2008
Secretary of State

Entity Name: FOUNDATION SAINTE ROSE DE LIMA INC.

Current Principal Place of Business:

10135 AQUA VISTA WAY
BOCA RATON, FL 33428

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 881036
BOCA RATON, FL 33488

New Mailing Address:

P.O. BOX 881036
BOCA RATON, FL 33488 US

FEI Number: 11-3785156

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CANTAVE, JOSETTE S
10135 AQUA VISTA WAY
BOCA RATON, FL 33428 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: CANTAVE, JOSETTE S
Address: 10135 AQUA VISTA WAY
City-St-Zip: BOCA RATON, FL 33428

Title: VP () Delete
Name: BACKER, LAURETTE
Address: 976 WASHINGTON STREET
City-St-Zip: BALDWIN HARBOR, NY 11510

Title: TRE () Delete
Name: THONY, BOLINA
Address: 23932 S.W. 107 COURT
City-St-Zip: MIAMI, FL 33032

Title: SEC () Delete
Name: ROBIN, WINIE
Address: 6021 OLD COURT ROAD #1105
City-St-Zip: BOCA RATON, FL 33433

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: () 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: JOSETTE S CANTAVE

P

03/25/2008

Electronic Signature of Signing Officer or Director

Date