

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000009826

Entity Name: ALL SOULS MIAMI, INC

FILED
Mar 18, 2009
Secretary of State

Current Principal Place of Business:

15360 SW 111 ST
MIAMI, FL 33196

New Principal Place of Business:

Current Mailing Address:

15360 SW 111 ST
MIAMI, FL 33196

New Mailing Address:

FEI Number: 20-5601737

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CARDENAS, EMILY
9513 SW 118 PL
MIAMI, FL 33186 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: CARDENAS, EMILY
Address: 9513 SW 118 PL
City-St-Zip: MIAMI, FL 33186

Title: VP () Delete
Name: MARTINEZ, SANDY
Address: 1238 NE 32ND TERR
City-St-Zip: HOMESTEAD, FL 33033

Title: S () Delete
Name: SUMMER, MANDY
Address: 15360 SW 111 ST
City-St-Zip: MIAMI, FL 33196

Title: T () Delete
Name: SANTILER, MARGARITA
Address: 15951 SW 96 TERR
City-St-Zip: MIAMI, FL 33196

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change () Addition
Name: MARRERO, BLANCA
Address: 9864 HAMMOCKS BLVD # 102
City-St-Zip: MIAMI, FL 33196

Title: S (X) Change () Addition
Name: FRIEDMAN, SUSAN
Address: 18578 SW 89 PL
City-St-Zip: CUTLER BAY, FL 33157

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: EMILY CARDENAS

PD

03/18/2009

Electronic Signature of Signing Officer or Director

Date