

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000012596

FILED  
Mar 05, 2007  
Secretary of State

**Entity Name:** FUNDACION INTERNACIONAL MARIA LUISA DE MORENO, INC.

**Current Principal Place of Business:**

3670 INVERARY DRIVE #B1D  
LAUDERHILL, FL 33319

**New Principal Place of Business:**

**Current Mailing Address:**

3670 INVERARY DRIVE #B1D  
LAUDERHILL, FL 33319

**New Mailing Address:**

**FEI Number:**                      **FEI Number Applied For ( )**                      **FEI Number Not Applicable (X)**                      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GRISALES-RACINI, OSCAR ESQ  
2999 N.E. 191ST STREET  
CONCORDE CENTRE II, PH-8  
AVENTURA, FL 33180 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: DP                      ( ) Delete  
Name: DE MORENO, MARIA LUISA P  
Address: 3670 INVERARY DRIVE #B1D  
City-St-Zip: LAUDERHILL, FL 33319

Title: DV                      ( ) Delete  
Name: MENDOZA, MARIA C  
Address: 3670 INVERARY DRIVE #B1D  
City-St-Zip: LAUDERHILL, FL 33319

Title: DS                      ( ) Delete  
Name: HGOMEZ, SANDRA  
Address: 3670 INVERARY DRIVE #B1D  
City-St-Zip: LAUDERHILL, FL 33319

**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:

I hereby certify that the information supplied with this filing does not qualify for the 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: MARIA LUISA PIRAQUIVE DE MORENO

DP

03/05/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date