

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000002198

FILED  
Apr 27, 2008  
Secretary of State

Entity Name: I.D.D. FAMILY INSTITUTE, INC.

## Current Principal Place of Business:

6705 MIAMI LAKES DR.  
#B-106  
MIAMI LAKES, FL 33014 US

## New Principal Place of Business:

949 W 79TH PLACE  
HIALEAH, FL 33014 US

## Current Mailing Address:

PO BOX 420545  
MIAMI, FL 332420545

## New Mailing Address:

FEI Number: 20-8528464      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BAEZ, XAVIER A  
6705 MIAMI LAKES DR.  
#B-106  
MIAMI LAKES, FL 33014 US

## Name and Address of New Registered Agent:

BAEZ, XAVIER A  
949 W 79TH PLACE  
HIALEAH, FL 33014 US

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: \_\_\_\_\_

04/27/2008

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: BAEZ, XAVIER A  
Address: PO BOX 420545  
City-St-Zip: MIAMI, FL 332420545 US

Title: VP ( ) Delete  
Name: BAEZ, MARIA M  
Address: PO BOX 420545  
City-St-Zip: MIAMI, FL 332420545 US

Title: SEC. ( ) Delete  
Name: BAEZ, MARIA G  
Address: 7721 N.W. 7TH STREET APT #105  
City-St-Zip: MIAMI, FL 33126 US

Title: TREA ( ) Delete  
Name: BAEZ, BERTHA R  
Address: PO BOX 42545  
City-St-Zip: MIAMI, FL 334240545 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: SEC. (X) Change ( ) Addition  
Name: BAEZ, MARIA G  
Address: PO BOX 420545  
City-St-Zip: MIAMI, FL 333242 US

Title: TREA (X) Change ( ) Addition  
Name: BAEZ, BERTHA R  
Address: PO BOX 420545  
City-St-Zip: MIAMI, FL 333242 US

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: XAVIER BAEZ

P

04/27/2008

Electronic Signature of Signing Officer or Director

Date