

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000002598

FILED
Feb 19, 2009
Secretary of State

Entity Name: ENTELECHY, INC.

Current Principal Place of Business:

880 NE 69TH STREET, #5L
MIAMI, FL 33138

New Principal Place of Business:

Current Mailing Address:

880 NE 69TH STREET, #5L
MIAMI, FL 33138

New Mailing Address:

FEI Number: 82-0553740

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SMITH, LINDA M ESQ
11900 BISCAYNE BLVD STE 503
MIAMI, FL 33181 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: D () Delete
Name: MUNOZ, CATALINA
Address: 850 NE 120 ST
City-St-Zip: BISCAYNE PARK, FL 33161

Title: D () Delete
Name: MURPHY, JACQUELINE
Address: 1070 NE 105 ST
City-St-Zip: MIAMI SHORES, FL 33138

Title: D () Delete
Name: NEIBURGER, REBECCA
Address: 880 NE 69TH STREET, #5L
City-St-Zip: MIAMI, FL 33138

Title: D () Delete
Name: RANJITSINGH, GANDHI
Address: 318 SURFSIDE BLVD #3
City-St-Zip: SURFSIDE, FL 33154

Title: D () Delete
Name: RICO, ANA E
Address: 5700 COLLINS AVE #7A
City-St-Zip: MIAMI BEACH, FL 33140

Title: D () Delete
Name: SAENZ, ADRIENNE
Address: 9473 ABBOTT AVE #7
City-St-Zip: MIAMI BEACH, FL 33154

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:

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: ANA E RICO

OFFI

02/19/2009

Electronic Signature of Signing Officer or Director

Date