

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000002824

FILED  
Apr 09, 2008  
Secretary of State

**Entity Name:** SIMEON CARE & COMMUNITY DEVELOPMENT SERVICES CORPORATION

**Current Principal Place of Business:**

17003 SW 115 AVE  
MIAMI, FL 33157

**New Principal Place of Business:**

17003 SW 115 AVE  
MIAMI, FL 33157 39

**Current Mailing Address:**

17003 SW 115 AVE  
MIAMI, FL 33157

**New Mailing Address:**

**FEI Number:** 20-8678291

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SANTAMARIA, LOURDES  
15095 NSW 128 COORT  
MIAMI, FL 33186 US

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

SANTAMARIA, LOURDES  
15095 SW 128 COURT  
MIAMI, FL 33186 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:

04/09/2008

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: T ( ) Delete  
Name: RODRIGUEZ, NAPOLEON  
Address: 18043 SW 139 PALCE  
City-St-Zip: MIAMI, FL 33177

Title: T ( ) Delete  
Name: SANTAMARIA, LOURDES  
Address: 15095 SW 128 COURT  
City-St-Zip: MIAMI, FL 33186

Title: T ( ) Delete  
Name: TREWIN, JESSE  
Address: 17003 SW 115 AVE  
City-St-Zip: MIAMI, FL 33157

Title: T ( ) Delete  
Name: RODRIQUEZ, DANIEL M  
Address: 18043 SW 139 PLACE  
City-St-Zip: MIAMI, FL 33177

**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: LOURDES SANTAMARIA

T

04/09/2008

Electronic Signature of Signing Officer or Director

Date