2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2009
Secretary of State

DOCUMENT# N07000002824

Entity Name: SIMEON CARE & COMMUNITY DEVELOPMENT SERVICES CORPORATION

Current Principal Place of Business:

17003 SW 115 AVE
MIAMI, FL 33157 39

New Principal Place of Business:

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 SW 128 COURT
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: 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 01/17/2009

Electronic Signature of Signing Officer or Director — Date