2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2009
Secretary of State

DOCUMENT# N07000003813

Entity Name: MERCIFUL LITTLE HANDS FOUNDATION, INC.

Current Principal Place of Business:

9466 NW 54 DORAL CIRCLE LANE
DORAL, FL 33178

New Principal Place of Business:

Current Mailing Address:

9466 NW 54 DORAL CIRCLE LANE
DORAL, FL 33178

New Mailing Address:

FEI Number: 68-0648528 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ROVERSI, JACKELINE
9466 NW 54 DORAL CIRCLE LANE
DORAL, FL 33178 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:	P	( ) Delete
Name:	ROVERSI, JACKELINE	
Address:	9466 NW 54 DORAL CIRCLE LANE	
City-St-Zip:	DORAL, FL 33178	
Title:	V	( ) Delete
Name:	MEDINA, MERCEDES	
Address:	CALLE-44N #2B 109	
City-St-Zip:	VIPOSA CALI COLOMBIA, XX	
Title:	T	( ) Delete
Name:	ROVERSI, WILLIAM P	
Address:	9466 NW 54 DORAL CIRCLE LANE	
City-St-Zip:	DORAL, FL 33178	
Title:	D	(X) Delete
Name:	MEDINA, HENRY	
Address:	CALLE-44N #2B 109	
City-St-Zip:	VIPOSA CALI COLOMBIA, XX	
Title:	D	( ) Delete
Name:	MEDINA, CLAUDIA P	
Address:	CALLE-44N #2B 109	
City-St-Zip:	VIPOSA CALI COLOMBIA, XX	
Title:	D	( ) Delete
Name:	GUERRERO, ANTONIO JOSE J	
Address:	CALLE-44N #2B 109	
City-St-Zip:	VIPOSA CALI COLOMBIA, XX	

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: JACKELINE ROVERSI P 04/06/2009

Electronic Signature of Signing Officer or Director — Date