2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 12, 2008
Secretary of State

DOCUMENT# N07000004002

Entity Name: SPECIAL NEEDS ASSISTANCE PROGRAM, INC.

Current Principal Place of Business:

19532 NW 77TH CT
MIAMI, FL 33015

New Principal Place of Business:

4670 WEST 13TH LANE
209
HIALEAH, FL 33012

Current Mailing Address:

19532 NW 77TH CT
MIAMI, FL 33015

New Mailing Address:

4670 WEST 13TH LANE
209
HIALEAH, FL 33012

FEI Number: 20-8926766 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

ALFONSO, ALEXIS W
19532 NW 77TH CT
MIAMI, FL 33015 US

Name and Address of New Registered Agent:

ALFONSO, ALEXIS W
4670 WEST 13TH LANE
209
HIALEAH, FL 33012 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: _____ 08/12/2008
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: ALFONSO, ALEXIS W
Address: 19532 NW 77TH CT
City-St-Zip: MIAMI, FL 33015

Title: SD ( ) Delete
Name: PARED, GENEVIEVE
Address: 19532 NW 77TH CT
City-St-Zip: MIAMI, FL 33015

Title: D ( ) Delete
Name: PADRON, MAYTE
Address: 19532 NW 77TH CT
City-St-Zip: MIAMI, FL 33015

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: ALFONSO, ALEXIS W
Address: 4670 WEST 13TH LANE
City-St-Zip: HIALEAH, FL 33012

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: ALEXIS W. ALFONSO PD 08/12/2008
Electronic Signature of Signing Officer or Director — Date