2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000004311

FILED Apr 07, 2009 Secretary of State

Entity Name: LATINO EXCELLENCE OF SARASOTA, INC.

Current Principal Place of Business: New Principal Place of Business: 1981 WOOD HOLLOW WAY SARASOTA, FL 34235 **Current Mailing Address: New Mailing Address:** 1981 WOOD HOLLOW WAY SARASOTA, FL 34235 FEI Number: 26-0399044 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CURIEL, JAVIER 1981 WOOD HOLLOW WAY SARASOTA, FL 34235 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change () Addition () Delete RIVERO, RAUL DR. CORONA, GILBERTO DR. Name: Name: 103 PEARL AVE Address: 6821 71ST STREET E Address: City-St-Zip: SARASOTA, FL 34243 City-St-Zip: SARASOTA, FL 34203 Title: Title: () Delete () Change () Addition ROJAS, ALEJANDRO Name: Name: Address: 6836 JARVIS RD Address: City-St-Zip: SARASOTA, FL 34241 City-St-Zip: Title: TST () Delete Title: () Change () Addition VALENZUELA, JAIME Name: Name: Address: 2941 CAPTIVA WAY Address: City-St-Zip: SARASOTA, FL 34231 City-St-Zip: Title: () Delete Title: (X) Change () Addition Name: HOEFFEL, SARAH Name: WILLIAMS, ELEANOR 4825 CAMPHOR AVE 1350 MAIN ST UNIT 1510 Address: Address: City-St-Zip: SARASOTA, FL 34232 City-St-Zip: SARASOTA, FL 34236 Title: () Delete Title: () Change () Addition FEHILY, MICHAEL P Name: Name: 5643 MIDNIGHT PASS RD, STE 912 Address: Address: City-St-Zip: SARASOTA, FL 34242 City-St-Zip: Title: () Delete Title: () Change () Addition AGAPITO, MARIA L Name: Name: Address: 1451 BARYL DR Address: SARASOTA, FL 34232 City-St-Zip: 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: JAVIER CURIEL DIR 04/07/2009