

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000004451

FILED  
Feb 21, 2011  
Secretary of State

**Entity Name:** MANOS GENEROSAS FOUNDATION, NON-PROFIT, CORP

**Current Principal Place of Business:**

201 HILDA ST  
SUITE 35  
KISSIMMEE, FL 34744

**New Principal Place of Business:**

**Current Mailing Address:**

201 HILDA ST  
SUITE 35  
KISSIMMEE, FL 34744

**New Mailing Address:**

**FEI Number:** 26-0506563

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MANOS GENEROSASA FOUNDATION, NON-PROFIT CORP  
201 HILDA ST  
SUITE 35  
KISSIMMEE, FL 34744 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: PRES  
Name: VEMURI, MARYEN  
Address: 2216 BLACK LAKE BLVD.  
City-St-Zip: WINTER GARDEN, FL 34787

Title: VP  
Name: OMANA, IVAN PASTOR  
Address: 2450 NORTH ORANGE BLOSSOM TRAIL  
City-St-Zip: KISSIMMEE, FL 34744

Title: TRES  
Name: ELLIOTT, JERRY  
Address: PO BOX 2934  
City-St-Zip: WINDERMERE, FL 34786

Title: SEC  
Name: HERNANDEZ, MARIA E  
Address: DALIAS 32  
City-St-Zip: BENTIAHELL ALICANTE, SP 03726

Title: VOC  
Name: PATTERSON, DELROSE  
Address: 2700 BOAT COVE CIRCLE  
City-St-Zip: KISSIMMEE, FL 34746

I hereby 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 all other like empowered.

SIGNATURE: JERRY ELLIOTT

TRES

02/21/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date