## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N07000004577

**Current Principal Place of Business:** 

FILED Apr 29, 2009 Secretary of State

Entity Name: FUNDACION SOS COLOMBIA ORLANDO INC

305 RYDER LN 7759 FORT SUMTER DR CASSELBERRY, FL 32707 ORLANDO, FL 32822 US **Current Mailing Address: New Mailing Address:** P.O. BOX 677206 ORLANDO, FL 32867 FEI Number: 20-8992823 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: OCHOA, ALVARO OCHOA, ALVARO 7759 FORT SUMTER DR 1784 WIILA CIRCLE WINTER PARK, FL 32792 ORLANDO, FL 32822 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: ALVARO OCHOA 04/29/2009 Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

ORLANDO, FL 32825

City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

**New Principal Place of Business:** 

() Delete (X) Change ( ) Addition OCHOA, ALVARO OCHOA, ALVARO Name: Name: 1784 WIILA CIRCLE Address: 7759 FORT SUMTER DR Address: City-St-Zip: WINTER PARK, FL 32792 US City-St-Zip: ORLANDO, FL 32822 US Title: ( ) Delete Title: () Change () Addition Name: MESA, PIEDAD I Name: Address: 844 BRISTOL FOREST WAY Address: City-St-Zip: ORLANDO, FL 32828 US City-St-Zip: Title: () Delete Title: () Change () Addition RAMIREZ, GLORIA P Name: Name: 10231 VISTA COVE LANE Address: Address: City-St-Zip: ORLANDO, FL 32825 US City-St-Zip: Title: VΡ ( ) Delete Title: () Change () Addition MAZO, LUIS F Name: Name: 9914 DEAN COVE LANE Address: Address:

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.

City-St-Zip:

SIGNATURE: ALVARO OCHOA P 04/29/2009