

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000004879

FILED
Jun 19, 2009
Secretary of State

Entity Name: NEW HORIZONS OUTREACH SERVICES, INC.

Current Principal Place of Business:

12460 SW 8TH STREET
SUITE 103
MIAMI, FL 33184

New Principal Place of Business:

Current Mailing Address:

12460 SW 8TH STREET
SUITE 103
MIAMI, FL 33184

New Mailing Address:

FEI Number: 26-0320970 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:

LOO FIGUEREDO, SARAH
12460 SW 8TH STREET
SUITE 103
MIAMI, FL 33184 US

Name and Address of New Registered Agent:

CLARO, MAYTE
12460 SW 8TH STREET
SUITE 103
MIAMI, FL 33184 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: MAYTE CLARO

06/19/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: LOO FIGUEREDO, SARAH
Address: 12460 SW 8TH STREET SUITE 103
City-St-Zip: MIAMI, FL 33184

Title: D () Delete
Name: PEREZ, ISABEL
Address: 12460 SW 8TH STREET SUITE 103
City-St-Zip: MIAMI, FL 33184

Title: D () Delete
Name: LOO, CHARLIE
Address: 12460 SW 8TH STREET SUITE 103
City-St-Zip: MIAMI, FL 33184

Title: D (X) Delete
Name: LOO, YUEN
Address: 12460 SW 8TH STREET SUITE 103
City-St-Zip: MIAMI, FL 33184

Title: D (X) Delete
Name: PEREZ, ALEJANDRO
Address: 12460 SW 8TH STREET SUITE 103
City-St-Zip: MIAMI, FL 33184

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: CLARO, MAYTE
Address: 12460 SW 8TH STREET SUITE 103
City-St-Zip: MIAMI, FL 33184

Title: D (X) Change () Addition
Name: RODRIGUEZ, MARIA
Address: 12460 SW 8TH STREET SUITE 103
City-St-Zip: MIAMI, FL 33184

Title: D (X) Change () Addition
Name: CLAVIJO, ARIEL
Address: 12460 SW 8TH STREET SUITE 103
City-St-Zip: MIAMI, FL 33184

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: MAYTE CLARO

D

06/19/2009

Electronic Signature of Signing Officer or Director

Date