

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000005163

FILED
Jul 09, 2008
Secretary of State

Entity Name: OUR FATHER'S BUSINESS CORPORATION

Current Principal Place of Business:

1945 N W 185TH STREET
MIAMI GARDENS, FL 33056 US

New Principal Place of Business:

1945 N W 185TH STREET
SUITE 7
MIAMI GARDENS, FL 33056 US

Current Mailing Address:

1945 N W 185TH STREET
MIAMI GARDENS, FL 33056 US

New Mailing Address:

P.O. BOX 694863
MIAMI, FL 33269 US

FEI Number: 61-1532614 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
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:

BOLDEN, SANDRA L
1945 N W 185TH STREET
MIAMI GARDENS, FL 33056 US

Name and Address of New Registered Agent:

BOLDEN, SANDRA L
1945 N W 185TH STREET
SUITE 7
MIAMI GARDENS, FL 33056 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:

07/09/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P/D () Delete
Name: BOLDEN, SANDRA L
Address: 1945 N W 185TH STREET
City-St-Zip: MIAMI GARDENS, FL 33056 US

Title: S () Delete
Name: WILCOX, FRANCINE
Address: 4474 N W 203RD STREET
City-St-Zip: CAROL CITY, FL 33056 US

Title: T () Delete
Name: HOWELL, ELIZABETH
Address: 14330 N W 16TH AVENUE
City-St-Zip: MIAMI, FL 33167 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P/E (X) Change () Addition
Name: BOLDEN, SANDRA L
Address: 1945 N W 185TH STREET SUITE 7
City-St-Zip: MIAMI GARDENS, FL 33056 US

Title: S (X) Change () Addition
Name: WILCOX, FRANCINE
Address: 3111 N. W. 135TH STREET
City-St-Zip: MIAMI, FL 33054 US

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: SANDRA BOLDEN

P

07/09/2008

Electronic Signature of Signing Officer or Director

Date