2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000005592

Entity Name: SHOENSTADT MOVEMENT OF FLORIDA, INC.

FILED Apr 30, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

737 NORTH CRESCENT DRIVE 737 NORTH CRESCENT DRIVE HOLLYWOOD, FL 33021 HOLLYWOOD, FL 33021 US

Current Mailing Address: New Mailing Address:

737 NORTH CRESCENT DRIVE 737 NORTH CRESCENT DRIVE HOLLYWOOD, FL 33021 US

FEI Number: 65-0581325 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:

ASANZA, LUIS MD
737 N CRESCENT DR
HOLLYWOOD, FL, FL 33021 US
ASANZA, LUIS MD
737 N CRESCENT DR
HOLLYWOOD, FL 33021 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: 04/30/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

itle: S () Delete Title: S (X) Change () Addition

Name:ASANZA, KATUZHKAName:ASANZA, KATUZHKAAddress:737 NORTH CRESCENT DRIVEAddress:737 NORTH CRESCENT DRIVECity-St-Zip:HOLLYWOOD, FL 33021City-St-Zip:HOLLYWOOD, FL 33021 US

Title: D () Delete Title: D (X) Change () Addition

Name: ASANZA, LUIS Name: ASANZA, LUIS

Address: 737 NORTH CRESCENT DRIVE Address: 737 NORTH CRESCENT DRIVE City-St-Zip: HOLLYWOOD, FL 33021 US

 $\label{eq:title:V} {\sf Title:} \qquad {\sf V} \qquad {\sf ()} \ {\sf Delete} \qquad \qquad {\sf Title:} \qquad {\sf V} \qquad {\sf (X)} \ {\sf Change} \ {\sf ()} \ {\sf Addition}$

 Name:
 MAGGIO, MARITZA

 Address:
 737 N. CRESCENT

 Address:
 737 N. CRESCENT

Address:
Address:

City-St-Zip: HOLLYWOOD, FL 33021 City-St-Zip: HOLLYWOOD, FL 33021 US

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: LUIS ASANZA M.D. D 04/30/2009