

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000006111

FILED  
Apr 01, 2009  
Secretary of State

**Entity Name:** DIAGRAMA FOUNDATION - PSYCHOSOCIAL INTERVENTION, INC.

**Current Principal Place of Business:**

AVENIDA CIUDAD DE ALMERIA 10  
MURCIA, SPAIN, SP 30002 SP

**New Principal Place of Business:**

**Current Mailing Address:**

AVENIDA CIUDAD DE ALMERIA 10  
MURCIA, SPAIN, SP 30002 SP

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired (X)**

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

JONES FOSTER SERVICE, LLC  
505 SOUTH FLAGLER DRIVE, SUITE 1100  
WEST PALM BEACH, FL 33401 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: D ( ) Delete  
Name: CERVANTES, FRANCISCO L MR  
Address: AVENIDA SAN JUAN DE LA CRUZ, N°7 - 2ND IZQ  
City-St-Zip: MURCIA, SPAIN, SP 30011 SP

Title: D ( ) Delete  
Name: SARRION, ELISA MORAGA  
Address: EDIFICIO ESMERALDA, 1 ERO 3A  
City-St-Zip: 30380 LA MANGA (CARTAGENA/SP,

Title: D ( ) Delete  
Name: LORENTE, CARIDAD MORENO  
Address: CALLE FERNANDO DODERO, N 14 BAJO  
City-St-Zip: 30368 CARTAGENA (SPAIN),

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: FRANCISCO LEGAZ CERVANTES

MR

04/01/2009

Electronic Signature of Signing Officer or Director

Date