

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000006111

FILED
May 04, 2010
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:

AVENIDA CIUDAD DE ALMERIA 10
MURCIA SPAIN, SP 30002 SP

Current Mailing Address:

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

New Mailing Address:

FEI Number: 46-0523133 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:

CORPDIRECT AGENTS, INC.
515 E PARK AVE
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

CORPDIRECT AGENTS INC
515 E PARK AVE
TALLAHASSEE, FL 32301 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: MICHELE HOLDEN

05/04/2010

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D
Name: CERVANTES, FRANCISCO L MR
Address: AVENIDA SAN JUAN DE LA CRUZ N7 2ND IZQ
City-St-Zip: MURCIA, SPAIN, SP 30011 SP

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

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

I hereby 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 all other like empowered.

SIGNATURE: FRANCISCO LEGAZ CERVANTES

MR

05/04/2010

Electronic Signature of Signing Officer or Director

Date