2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2009
Secretary of State

DOCUMENT# N07000006845

Entity Name: EL-SHADDAI COMMUNITY SERVICES, INC.

Current Principal Place of Business:

14155 WEST DIXIE HIGHWAY
SUITE 18
NORTH MIAMI, FL 33125

New Principal Place of Business:

Current Mailing Address:

14155 WEST DIXIE HIGHWAY
SUITE 18
NORTH MIAMI, FL 33125

New Mailing Address:

FEI Number: 26-0516102 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DARIMONEL, PAUL
14155 WEST DIXIE HIGHWAY
SUITE 18
NORTH MIAMI, FL 33125 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:	C	( ) Delete
Name:	DARIMONEL, PAUL	
Address:	14155 WEST DIXIE HIGHWAY #18	
City-St-Zip:	NORTH MIAMI, FL 33125	
Title:	T	( ) Delete
Name:	GARCON, VITEY	
Address:	8529 CLARIDGE DRIVE	
City-St-Zip:	MIRAMAR, FL 33025	
Title:	S	( ) Delete
Name:	CAMPBELL, TRACY	
Address:	8529 CLARIDGE DRIVE	
City-St-Zip:	MIRAMAR, FL 33025	
Title:	D	( ) Delete
Name:	CAMPBELL, MAGGIE	
Address:	1624 S 23RD AVENUE	
City-St-Zip:	HOLLYWOOD, FL 33020	
Title:	D	( ) Delete
Name:	AUGUSTIN, GABRIEL	
Address:	14155 WEST DIXIE HIGHWAY #18	
City-St-Zip:	NORTH MIAMI, FL 33125	
Title:	D	( ) Delete
Name:	CAMPBELL, LEWIN	
Address:	14155 WEST DIXIE HIGHWAY #18	
City-St-Zip:	NORTH MIAMI, FL 33125	

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:	
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: PAUL DARIMONEL C 04/08/2009

Electronic Signature of Signing Officer or Director — Date