

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000008278

FILED  
Jul 14, 2009  
Secretary of State

Entity Name: SOS PERU FOUNDATION INC

## Current Principal Place of Business:

5102 BELMERE PKWY #908  
TAMPA, FL 33624

## New Principal Place of Business:

## Current Mailing Address:

5102 BELMERE PKWY #908  
TAMPA, FL 33624

## New Mailing Address:

FEI Number: 75-3257433      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:

GUERRERO, GABRIELA  
5102 BELMERE PKWY #908  
TAMPA, FL 33624      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: P ( ) Delete  
Name: GUERRERO, GABRIELA  
Address: 5102 BELMERE PKWY #908  
City-St-Zip: TAMPA, FL 33624

Title: VP ( ) Delete  
Name: PLUNKETT, LOURDES  
Address: 2827 GIRVAN DR.  
City-St-Zip: LAND O' LAKES, FL 34638

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change ( ) Addition  
Name: PLUNKETT, LOURDES  
Address: 3836 CHAUCER WAY  
City-St-Zip: LAND O' LAKES, FL 34639

Title: S ( ) Change (X) Addition  
Name: CASTELLI, DAVID A  
Address: 4208 FISHERMANS PIER COURT  
City-St-Zip: LUTZ, FL 33558

Title: T ( ) Change (X) Addition  
Name: LEWIS, ROLLAND R  
Address: 4709 KEMBLE COURT  
City-St-Zip: TAMPA, FL 33624

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: GABRIELA GUERRERO

P

07/14/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date