## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N07000009724

FILED Mar 19, 2008 Secretary of State

Entity Name: HONDURAS CHILDREN AND FRIENDS FOUNDATION, INC.

**Current Principal Place of Business: New Principal Place of Business:** 632 SILVERSHORE DRIVE 16247 MARIPOSA CIRCLE SOUTH PENSACOLA, FL 32507 PEMBROKE PINES, FL 33331 **Current Mailing Address: New Mailing Address:** 632 SILVERSHORE DRIVE 16247 MARIPOSA CIRCLE SOUTH PENSACOLA, FL 32507 PEMBROKE PINES, FL 33331 FEI Number: 26-0536894 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of New Registered Agent: Name and Address of Current Registered Agent: PANCHAME-KRUGER, ADRIANA MILNE, MELBA E 8421 NW 140TH STREET, UNIT 3504 16247 MARIPOSA CIRCLE S. MIAMI LAKES, FL 330166709 US PEMBROKE PINES, FL 33331 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: MELBA E. MILNE 03/19/2008 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change ( ) Addition PANCHAME-KRUGER, ADRIANA MILNE, MELBA E Name: Name: 8421 NW 140TH STREET UNIT 3504 Address: 16247 MARIPOSA CIRCLE S. Address: City-St-Zip: MIAMI LAKES, FL 330166709 City-St-Zip: PEMBROKE PINES, FL 33331 Title: () Delete Title: () Change () Addition SEQUEIRO, DORA Name: Name: Address: 6850 SW 104 COURT Address: City-St-Zip: MIAMI, FL 33173 City-St-Zip: Title: DS () Delete Title: (X) Change ( ) Addition CHINESSE, NILIA CHIANESSE, NILIA Name: Name: 66 VALENCIA AVE #801 66 VALENCIA AVE #801 Address: Address: City-St-Zip: CORAL GABLES, FL 33134 City-St-Zip: CORAL GABLES, FL 33134 Title: DT ( ) Delete Title: () Change () Addition Name: MAIRENA, SANDRA Name: Address: 6420 SW 82TH STREET Address: City-St-Zip: SOUTH MIAMI, FL 33143 City-St-Zip: Title: () Delete Title: ( ) Change (X) Addition DURAND, LINA Name: Name: 1209 WALLACE ST. Address: Address: City-St-Zip: City-St-Zip: CORAL GABLES, FL 33134

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: MELBA E. MILNE DP 03/19/2008