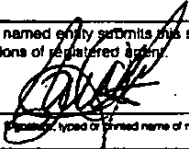
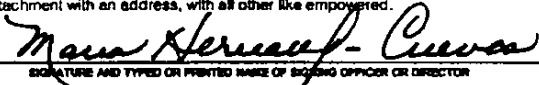


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 8:00 am
Secretary of State

04-03-2008 90024 043 ****61.25

DOCUMENT # N07000010419 1. Entity Name OUR CHILDREN, OUR FUTURE, INC.					
Principal Place of Business 9260 S.W. 72 STREET SUITE 207 MIAMI, FL 33173			Mailing Address 9260 S.W. 72 STREET SUITE 207 MIAMI, FL 33173		
2. Principal Place of Business - No P.O. Box # 8100 SW 81 Drive		3. Mailing Address Suite, Apt. #, etc. 278			
City & State Miami FL		City & State _____		4. FEI Number 911040740	
Zip 33143		Country USA		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PITALUGA, IRIS 9260 S.W. 72 STREET S-207 MIAMI, FL 33173				7. Name and Address of New Registered Agent Name IRIS Pitaluga Street Address (P.O. Box Number is Not Acceptable) 8100 S.W. 81 Drive Suite 278 City Miami FL Zip Code 33143	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE  (NOTE: Registered Agent signature required when reappointing) DATE _____					
Filing Fee is \$81.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD HERNANDEZ-CUEVAS, MARIA 9260 S.W. 72 STREET, S-207 MIAMI, FL 33173	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD PITALUGA, IRIS 9260 S.W. 72 STREET, S-207 MIAMI, FL 33173	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD MERCEDES BATISTA, MARIA 9260 S.W. 72 STREET, S-207 MIAMI, FL 33173	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	_____	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	_____	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	_____	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 			4/1/08 305-630-9316		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNED OFFICER OR DIRECTOR			DATE DAYTIME PHONE #		