

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000010583

FILED
Apr 30, 2009
Secretary of State

Entity Name: ZOE-ROS FOUNDATION, CORP

Current Principal Place of Business:

11169 NW 80 LANE
DORAL, FL 33178

New Principal Place of Business:

Current Mailing Address:

11169 NW 80 LANE
DORAL, FL 33178

New Mailing Address:

FEI Number: 26-1511170

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROS, FLORENCIO
11169 NW 80 LANE
DORAL, FL 33178 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: PD () Delete
Name: ROS, FLORENCIO
Address: 11169 NW 80 LANE
City-St-Zip: DORAL, FL 33178

Title: STD () Delete
Name: MALDONADO, VICTORIA
Address: 11169 NW 80 LANE
City-St-Zip: DORAL, FL 33178

Title: VPD () Delete
Name: MALDONADO, ANTONIO
Address: 11169 NW 80 LANE
City-St-Zip: DORAL, FL 33178

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: STD (X) Change () Addition
Name: ROS, VICTORIA
Address: 11169 NW 80 LANE
City-St-Zip: DORAL, FL 33178

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: VICTORIA ROS

STD

04/30/2009

Electronic Signature of Signing Officer or Director

Date