## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N08000000190

FILED Jun 29, 2009 Secretary of State

Entity Name: CIRCULO DE LECTORES INFANTIL SAN VICENTE DEL CAGUAN COLOMBIA, INC

**Current Principal Place of Business: New Principal Place of Business:** 

431 NORTH MELROSE DRIVE MIAMI SPRINGS, FL 33166

**Current Mailing Address: New Mailing Address:** 

431 NORTH MELROSE DRIVE MIAMI SPRINGS, FL 33166

FEI Number: 26-1648848 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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: Name and Address of New Registered Agent:

GONZALEZ, RUTH M 431 NORTH MELROSE DRIVE MIAMI SPRINGS, FL 33166

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:**

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

( ) Delete (X) Change ( ) Addition GONZALEZ, RUTH M GONZALEZ, RUTH M Name: Name: Address: 431 NORTH MELROSE DRIVE Address: 431 NORTH MELROSE DRIVE City-St-Zip: MIAMI SPRINGS, FL 33166 City-St-Zip: MIAMI SPRINGS, FL 33166

Title: Title: (X) Change ( ) Addition ( ) Delete Name: LUGO, MARIA H Name: LYCKE, BLANCA

Address: 2760 SW 6TH STREET Address: 272 PAYNE DR

City-St-Zip: MIAMI, FL 33135 City-St-Zip: MIAMI SPRINGS, FL 33166

Title: () Delete Title: () Change () Addition

RESTREPO, REINA A Name: Name: **CARRERA 24 1B-25** Address: Address: City-St-Zip: BOGOTA, COLOMBIA, 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.

Ρ SIGNATURE: RUTH GONZALEZ 06/29/2009