

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000000530

FILED
Jan 09, 2009
Secretary of State

Entity Name: LATIN AMERICAN RESCUE MISSION INC.

Current Principal Place of Business:

835 NE 127TH STREET N.
MIAMI, FL 33161

New Principal Place of Business:

835 NE 127TH STREET
NORTH MIAMI, FL 33161

Current Mailing Address:

835 NE 127TH STREET N.
MIAMI, FL 33161

New Mailing Address:

835 NE 127TH STREET
NORTH MIAMI, FL 33161

FEI Number: 06-1834023

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MOLINA, LINDA
835 NE 127TH STREET N.
MIAMI, FL 33161 US

Name and Address of New Registered Agent:

MOLINA, LINDA
835 NE 127TH STREET
NORTH MIAMI, FL 33161 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: LINDA MOLINA

01/09/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: MOLINA, LINDA
Address: 835 NE 127TH STREET N.
City-St-Zip: MIAMI, FL 33161

Title: DST () Delete
Name: ROMERO, LINDA
Address: 835 NE 127TH STREET N.
City-St-Zip: MIAMI, FL 33161

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: MOLINA, LINDA
Address: 835 NE 127TH STREET
City-St-Zip: NORTH MIAMI, FL 33161

Title: DST (X) Change () Addition
Name: ROMERO, LINDA
Address: 835 NE 127TH STREET
City-St-Zip: NORTH MIAMI, FL 33161

Title: DTR () Change (X) Addition
Name: ROMERO, RUBEN
Address: 835 NE 127 ST
City-St-Zip: NORTH MIAMI, FL 33161

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: LINDA MOLINA

DP

01/09/2009

Electronic Signature of Signing Officer or Director

Date