

2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Feb 19, 2009
Secretary of State

DOCUMENT# N08000001834

Entity Name: STAND UP FOR THOSE WHO CAN'T INC.**Current Principal Place of Business:**7118 BYRON AVENUE
MIAMI BEACH, FL 33141**New Principal Place of Business:****Current Mailing Address:**7118 BYRON AVENUE
MIAMI BEACH, FL 33141**New Mailing Address:****FEI Number:** 22-3976676**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**SUSI, DIANA
7118 BYRON AVENUE
MIAMI BEACH, FL 33141 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: SUSI, DIANA
Address: 7118 BYRON AVENUE
City-St-Zip: MIAMI BEACH, FL 33141**Title:** VD () Delete
Name: EGOZI, JEANETTE B
Address: 7118 BYRON AVENUE
City-St-Zip: MIAMI BEACH, FL 33141**Title:** SD () Delete
Name: FUZAYLOVA, SHUSHANA
Address: 7118 BYRON AVENUE
City-St-Zip: MIAMI BEACH, FL 33141**Title:** TD () Delete
Name: GAGLIARDI, ILEANA
Address: 7118 BYRON AVENUE
City-St-Zip: MIAMI BEACH, FL 33141**Title:** D (X) Delete
Name: WILBUR-LOPEZ, HEATHER
Address: 7118 BYRON AVENUE
City-St-Zip: MIAMI BEACH, FL 33141**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** SD (X) Change () Addition
Name: FUZAYLOVA, SHUSHANA
Address: 7118 BYRON AVENUE
City-St-Zip: MIAMI BEACH, FL 33141**Title:** TD (X) Change () Addition
Name: GAGLIARDI, ILEANA
Address: 7118 BYRON AVENUE
City-St-Zip: MIAMI BEACH, FL 33141**Title:** D (X) Change () Addition
Name: WILBUR-LOPEZ, HEATHER
Address: 7118 BYRON AVENUE
City-St-Zip: MIAMI BEACH, FL 33141**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: DIANA SUSI

PD

02/19/2009

Electronic Signature of Signing Officer or Director

Date