

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000005233

FILED  
Mar 19, 2009  
Secretary of State

Entity Name: NORA LOPEZ FOUNDATION, INC

## Current Principal Place of Business:

3710 SW 59 AVENUE  
MIAMI, FL 33155

## New Principal Place of Business:

## Current Mailing Address:

3710 SW 59 AVENUE  
MIAMI, FL 33155

## New Mailing Address:

FEI Number: 26-2676052

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

LOPEZ, MARIA  
3710 SW 59 AVENUE  
MIAMI, FL 33155 US

## Name and Address of New Registered Agent:

LOPEZ-CACHONEGRETE, MARIA  
3710 SW 59 AVENUE  
MIAMI, FL 33155 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: MARIA LOPEZ-CACHONEGRETE

03/19/2009

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: LOPEZ, MARIA  
Address: 3710 SW 59 AVENUE  
City-St-Zip: MIAMI, FL 33155

Title: VP ( ) Delete  
Name: LOPEZ, NICOLAS  
Address: 15601 SW 109 TERRACE  
City-St-Zip: MIAMI, FL 33165

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

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: LOPEZ-CACHONEGRETE, MARIA  
Address: 3710 SW 59 AVENUE  
City-St-Zip: MIAMI, FL 33155

Title: VP (X) Change ( ) Addition  
Name: CALDERA, NORA  
Address: 3710 SW 59 AVENUE  
City-St-Zip: MIAMI, FL 33155

Title: VP ( ) Change (X) Addition  
Name: LOPEZ, AIDA  
Address: 3710 SW 59 AVENUE  
City-St-Zip: MIAMI, FL 33155

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: MARIA LOPEZ CACHONEGRETE

P

03/19/2009

Electronic Signature of Signing Officer or Director

Date