2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000006645

FILED Apr 28, 2009 Secretary of State

| | | E AMOR Y ESPERANZA, INC. | | | Secretary or | State | |
|---|--|-----------------------------------|---|---|-----------------------------------|----------|--|
| Current Pr 4514 W. SL TAMPA, FL | .IGH AVE | e of Business: | New Princ | ipal Place of | Business: | | |
| Current Ma | ailing Addre | ss: | New Maili | New Mailing Address: | | | |
| 4514 W. SL TAMPA, FL | | | | | | | |
| FEI Number: 80-0270295 | | FEI Number Applied For () | FEI Number Not Appl | icable () | Certificate of Status Desired () | | |
| Name and | Address of (| Current Registered Agent: | Name and | Name and Address of New Registered Agent: | | | |
| FLEMING, 4514 W. SL TAMPA, FL | | | 401 E. JAC SUITE 250 | FLEMING, LINDA L ESQ 401 E. JACKSON STREET SUITE 2500 TAMPA, FL 33602 US | | | |
| The above in the State | | submits this statement for the pr | urpose of changing i | ts registered o | office or registered agent | or both, | |
| SIGNATUR | RE: | | | 04/28/2009 | | | |
| | Electro | nic Signature of Registered Age | nt | | Date | | |
| OFFICERS | AND DIREC | TORS: | ADDITION | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: | | | |
| Title: Name: Address: City-St-Zip: | D (SANTANA, MAI 4514 W. SLIGI TAMPA, FL 33 | H AVE | Title: Name: Address: City-St-Zip: | () |) Change () Addition | | |
| Title: Name: Address: City-St-Zip: | D (CORTES, NAN 184 VISTA VEI EAGLE LAKE, | W AVE | Title: Name: Address: City-St-Zip: | D (X CORTES, NAN 184 VISTA VIE EAGLE LAKE, | W AVE | | |
| Title: Name: Address: City-St-Zip: | D (CORTES, BES 10124 SEA SP TAMPA, FL 33 | RAY PLACE | Title: Name: Address: City-St-Zip: | () |) Change () Addition | | |

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: BETSY CORTES D 04/28/2009