# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Mar 09, 2009**
**Secretary of State**

DOCUMENT# N08000006704

**Entity Name:** AARON SAMAROO WORLD HEALING MINISTRIES INC.

**Current Principal Place of Business:**

4699 NW 27TH AVE.
MIAMI, FL 33142

**New Principal Place of Business:**

**Current Mailing Address:**

4699 NW 27TH AVE.
MIAMI, FL 33142

**New Mailing Address:**

**FEI Number: 26-2993709** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

JONES, WILLIE J
2261 NW 58TH STREET
MIAMI, FL 33142 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: P ( ) Delete
Name: SAMAROO, AARON
Address: 5309 SW 103RD AVE.
City-St-Zip: COOPER CITY, FL 33328

Title: D ( ) Delete
Name: GEORGES, BERLITZ
Address: 1041 NE 196 STREET
City-St-Zip: MIAMI, FL 33179

Title: D ( ) Delete
Name: JONES, WILLIE J
Address: 2261 NW 58TH STREET
City-St-Zip: MIAMI, FL 33142

Title: D ( ) Delete
Name: GEORGES, JOAN
Address: 5309 SW 103RD AVE.
City-St-Zip: COOPER CITY, FL 33328

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: GEORGES, VARRICK
Address: 1041 NE 196TH STREET
City-St-Zip: MIAMI, FL 33179

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: WILLIE J. JONES D 03/09/2009

Electronic Signature of Signing Officer or Director — Date