

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000007174

FILED  
May 01, 2009  
Secretary of State

Entity Name: MISSION GOOD SAMARITAINS OF THE LAST DAYS INC

## Current Principal Place of Business:

443 NE 195TH STREET  
339  
MIAMI, 33179

## New Principal Place of Business:

443 NE 195TH STREET  
339  
MIAMI, FL 33179

## Current Mailing Address:

443 NE 195TH STREET  
339  
MIAMI, 33179

## New Mailing Address:

443 NE 195TH STREET  
339  
MIAMI, FL 33179

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

## Name and Address of Current Registered Agent:

DOUCET, FRANCIANE  
443 NE 195TH STREET  
339  
MIAMI, FL 33179 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: DOUCET, FRANCIANE  
Address: 443 NE 195TH STREET #339  
City-St-Zip: MIAMI, FL 33179

Title: S ( ) Delete  
Name: MERCESS, ERIC  
Address: 3590 NW 181TH STREET  
City-St-Zip: MIAMI GARDENS, FL 33056

Title: VP ( ) Delete  
Name: DOUCET, DADY  
Address: 443 NE 195TH STREET #339  
City-St-Zip: MIAMI, FL 33179

## 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:

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: FRANCIANE DOUCET

PR

05/01/2009

Electronic Signature of Signing Officer or Director

Date