

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000007923

FILED  
Apr 27, 2009  
Secretary of State

**Entity Name:** HESED KIDS CHARITABLE FOUNDATION, INC.

**Current Principal Place of Business:**

670 EAST 9 LANE  
HIALEAH, FL 33010

**New Principal Place of Business:**

**Current Mailing Address:**

670 EAST 9 LANE  
HIALEAH, FL 33010

**New Mailing Address:**

**FEI Number:** 26-3240170

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

ESPINAL, OSELIA Y  
1500 SAN REMO AVENUE SUITE 125  
CORAL GABLES, FL 33146 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: PTD ( ) Delete  
Name: MUNOZ, ROXANA  
Address: 670 EAST 9 LANE  
City-St-Zip: HIALEAH, FL 33010

Title: ASTD ( ) Delete  
Name: POL, MILDRED  
Address: 7896 SW 12 STREET  
City-St-Zip: MIAMI, FL 33144

Title: SD ( ) Delete  
Name: FERNANDEZ, OLGA  
Address: 6370 SW 19 TERRACE  
City-St-Zip: MIAMI, FL 33155

Title: VPD ( ) Delete  
Name: COLLADO, ONEIDA  
Address: 1307 NW 31 AVE  
City-St-Zip: MIAMI, FL 33125

Title: AVPD ( ) Delete  
Name: PEREZ, LUCY V  
Address: 12240 SW 186 STREET  
City-St-Zip: MIAMI, FL 33177

Title: ASD ( ) Delete  
Name: CAREAGA, MARTICA  
Address: 11319 SW 76TH STREET  
City-St-Zip: MIAMI, FL 33173

**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: ( ) 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: ROXANA MUNOZ

PTD

04/27/2009

Electronic Signature of Signing Officer or Director

Date

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NAMES

ADDRESSES

Maria Ortega  
Director

P.O. Box 191525  
Miami Beach, FL 33119

Iraida Yocham  
Director

10115 SW 91 Terrace  
Miami, FL 33176

Jorge Garzon  
Director

11800 SW 80 ST. #117  
Miami, FL 33183