2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000008007

RICO, JOHANNA

22168 BOCA RANCHO DRIVE

BOCA RATON, FL 33428

Name:

Address:

City-St-Zip:

Entity Name: GRACIAS FOR COMPASSION INC

FILED Apr 29, 2009 Secretary of State

Littly Na	IIIE. GRACIAS	TOR COMPASSION, INC.		
Current P	rincipal Place	of Business:	New Principal Place of Business:	
	33RD STREET RK, FL 33023			
Current M	lailing Addres	s:	New Mailing Address:	
	33RD STREET RK, FL 33023			
FEI Number	: 26-3278225	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and	d Address of C	urrent Registered Agent:	Name and Address	of New Registered Agent:
3817 SŴ : WEST PA	MARJORIE 33RD STREET RK, FL 33023 named entity s	US submits this statement for the	purpose of changing its registere	ed office or registered agent, or both,
in the Stat	e of Florida.			
SIGNATU		ic Signature of Registered Ag	ent	 Date
OFFICER				ES TO OFFICERS AND DIRECTORS
OFFICERS AND DIRECTORS:				
Title: Name: Address: City-St-Zip:	P () UMANA, MARJO 3817 SW 33RD WEST PARK, F	STREET	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	V () RODRIGUEZ, G 3817 SW 33RD WEST PARK, F	STREET	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	S () RODRIGUEZ, P 3817 SW 33RD WEST PARK, F	STREET	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	T () ROY, SILVANA 2450 NE 135 S N. MIAMI, FL 3		Title: Name: Address: City-St-Zip:	() Change () Addition
Title:	D ()	Delete	Title:	() 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.

Name:

Address:

City-St-Zip:

SIGNATURE: MARJORIE UMANA D 04/29/2009