2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000008513

FILED Feb 09, 2009 Secretary of State

Entity Name: AGUILAS DE PAZ ALIMENTO POR LA VIDA, INC.

Current Principal Place of Business: New Principal Place of Business:

15616 SW 85 TERRACE 1801 SW 139 AVE. MIAMI, FL 33193 MIAMI, FL 33175

Current Mailing Address: New Mailing Address:

15616 SW 85 TERRACE 1801 SW 139 AVE. MIAMI, FL 33193 MIAMI, FL 33175

FEI Number: 26-3476137 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

JOHN, ROSA M.

1281 SW 124 CT., APT. G

MIAMI, FL 33184 US

JOHNSON, LILLIAN E.

1801 SW 139 AVE.

MIAMI, FL 33175 US

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: LILLIAN E. JOHNSON 02/09/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS: AD

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP () Delete Title: DVT (X) Change () Addition Name: JOHN, ROSA M. Name: JOHNSON, LILLIAN

Address: 1281 SW 124 CT APT G Address: 1801 SW 139 AVE.
City-St-Zip: MIAMI, FL 33184 City-St-Zip: MIAMI, FL 33175

Title: DVT () Delete Title: DP (X) Change () Addition Name: JOHNSON, LILLIAN E. Name: JOHN, ROSA M.

Address: 741 NW 122 CT Address: 1801 SW 139 AVE.
City-St-Zip: MIAMI, FL 33182 City-St-Zip: MIAMI, FL 33175

Title: DS (X) Delete Title: () Change () Addition

 Name:
 ARCIA, YAJAIRA
 Name:

 Address:
 15616 SW 85 TERRACE
 Address:

 City-St-Zip:
 MIAMI, FL 33193
 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: LILLIAN E. JOHNSON DVT 02/09/2009