

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000009385

FILED
Apr 28, 2009
Secretary of State

Entity Name: MERCY AID & SERVICE, INC.

Current Principal Place of Business:

16550 NW 52 AVENUE
MIAMI GARDENS, FL 33014

New Principal Place of Business:

Current Mailing Address:

16550 NW 52 AVENUE
MIAMI GARDENS, FL 33014

New Mailing Address:

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ANGEL, ESTHER LUCIA
16550 NW 52 AVENUE
MIAMI GARDENS, FL 33014 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: ANGEL, ESTHER LUCIA FOUNDER
Address: 16550 NW 52 AVE
City-St-Zip: MIAMI GARDENS, FL 33014

Title: D () Delete
Name: JALUBE, DIANA
Address: 16550 NW 52 AVE
City-St-Zip: MIAMI GARDENS, FL 33014

Title: D () Delete
Name: PENAGOS, MARTHA
Address: 16550 NW 52 AVE
City-St-Zip: MIAMI GARDENS, FL 33014

Title: D () Delete
Name: DE LEYS, VALERIA DIVANO
Address: 16550 NW 52 AVE
City-St-Zip: MIAMI GARDENS, FL 33014

Title: D () Delete
Name: FERNANDEZ, PATRICIA
Address: 16550 NW 52 AVE
City-St-Zip: MIAMI GARDENS, FL 33014

Title: D () Delete
Name: VILLEGAS, GILBERTO
Address: 16550 NW 52 AVE
City-St-Zip: MIAMI GARDENS, FL 33014

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: DS (X) Change () Addition
Name: ALARCON, DIANA L
Address: 16550 NW 52 AVE
City-St-Zip: MIAMI GARDENS, FL 33014

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

Title: D (X) Change () Addition
Name: DIVANO-LEYS, VALERIA
Address: 16550 NW 52 AVE
City-St-Zip: MIAMI GARDENS, FL 33014

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: DIANA L. ALARCON

DS

04/28/2009

Electronic Signature of Signing Officer or Director

Date