

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000010168

FILED  
Apr 21, 2009  
Secretary of State

Entity Name: HOGAR DE NINAS HIJAS DE LA ALTAGRACIA, INC.

**Current Principal Place of Business:**

400 SOUTH HOLLYBROOK DRIVE  
#110-63  
PEMBROKE PINES, FL 33025

**New Principal Place of Business:**

**Current Mailing Address:**

400 SOUTH HOLLYBROOK DRIVE  
#110-63  
PEMBROKE PINES, FL 33025

**New Mailing Address:**

FEI Number: 26-3850771      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

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

HERNANDEZ, JEANETTE  
400 SOUTH HOLLYBROOK DRIVE  
#110-63  
PEMBROKE PINES, FL 33025 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: HERNANDEZ, JEANETTE  
Address: 400 SOUTH HOLLYBROOK DRIVE, #110-63  
City-St-Zip: PEMBROKE PINES, FL 33025

Title: VP ( ) Delete  
Name: SANCHEZ, MARGARITA M  
Address: 400 SOUTH HOLLYBROOK DRIVE, #110-63  
City-St-Zip: PEMBROKE PINES, FL 33025

Title: S ( ) Delete  
Name: HERNANDEZ, JEANETTE  
Address: 400 SOUTH HOLLYBROOK DRIVE, #110-63  
City-St-Zip: PEMBROKE PINES, FL 33025

Title: T ( ) Delete  
Name: HERNANDEZ, JEANETTE  
Address: 400 SOUTH HOLLYBROOK DRIVE, #110-63  
City-St-Zip: PEMBROKE PINES, FL 33025

**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:

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: JEANETTE HERNANDEZ

P

04/21/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date