

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000010998

FILED
Feb 10, 2009
Secretary of State

Entity Name: EL AMPARO FOUNDATION, INC.

Current Principal Place of Business:

8124 DIABLO CT
TRINITY, FL 34655

New Principal Place of Business:

Current Mailing Address:

8124 DIABLO CT
TRINITY, FL 34655

New Mailing Address:

FEI Number: 80-0316425

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GONZALEZ, AMPARO
8124 DIABLO CT
TRINITY, FL 34655 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: D () Delete
Name: GONZALEZ, AMPARO
Address: 8124 DIABLO CT
City-St-Zip: TRINITY, FL 34655

Title: D () Delete
Name: GONZALEZ, JORGE H FINANCE
Address: 8124 DIABLO CT
City-St-Zip: TRINITY, FL 34655

Title: D () Delete
Name: GONZALEZ, PAOLA A WM
Address: 5707 HIGHWAY #329
City-St-Zip: ST. LOUIS PARK, MN 55316

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:

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: AMPARO GONZALEZ

D

02/10/2009

Electronic Signature of Signing Officer or Director

Date