2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2009
Secretary of State

DOCUMENT# N08000011076

Entity Name: CASA ESPERANZA PROJECT, INC.

Current Principal Place of Business:

16362 SW 62ND TERR
MIAMI, FL 33193

New Principal Place of Business:

Current Mailing Address:

16362 SW 62ND TERR
MIAMI, FL 33193

New Mailing Address:

FEI Number: 26-3875527 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

ACOSTA, CARLOS A
16362 SW 62ND TERR
MIAMI, FL 33193 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: ACOSTA, CARLOS A
Address: 16362 SW 62ND TERR
City-St-Zip: MIAMI, FL 33193

Title: VPD ( ) Delete
Name: ACOSTA, SARAHI
Address: 16362 SW 62ND TERR
City-St-Zip: MIAMI, FL 33193

Title: TD ( ) Delete
Name: DEJARDEN, GABRIEL
Address: 2984 SE 2ND DR
City-St-Zip: HOMESTEAD, FL 33033

Title: SD ( ) Delete
Name: RENGIFO, MARY
Address: 2984 SE 2ND DR
City-St-Zip: HOMESTEAD, FL 33033

Title: D ( ) Delete
Name: ZUNIGA, JUAN C
Address: 12311 SW 122ND PATH
City-St-Zip: MIAMI, FL 33186

Title: D ( ) Delete
Name: SALAZAR, MARIANNE
Address: 10689 N KENDALL DR SUITE 305
City-St-Zip: MIAMI, FL 33176

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:

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: CARLOS A. ACOSTA PD 04/27/2009

Electronic Signature of Signing Officer or Director — Date