

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000011237

FILED  
Apr 29, 2009  
Secretary of State

**Entity Name:** BOYS ENDURING AUTISM WITH RESOLVE, INC.

**Current Principal Place of Business:**

11275 SW 82ND AVENUE  
MIAMI, FL 33156

**New Principal Place of Business:**

**Current Mailing Address:**

11275 SW 82ND AVENUE  
MIAMI, FL 33156

**New Mailing Address:**

**FEI Number:** 26-4769143

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

DAMIAN LANDEIRO, PA  
7000 SW 62ND AVENUE  
PH-D  
SOUTH MIAMI, FL 33143 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: LANDEIRO, KATYA M  
Address: 11275 SW 82ND AVENUE  
City-St-Zip: MIAMI, FL 33156

Title: VP ( ) Delete  
Name: LANDEIRO, DAMIAN  
Address: 11275 SW 82ND AVENUE  
City-St-Zip: MIAMI, FL 33156

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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: DAMIAN LANDEIRO

VP

04/29/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date