2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2011
Secretary of State

DOCUMENT# N08000011561

Entity Name: REFUGIO DE AMOR Y PODER, INC.

Current Principal Place of Business:

8422 SOUTH US 1
PORT ST. LUCIE, FL 34952

New Principal Place of Business:

8454 SOUTH US 1
PORT ST. LUCIE, FL 34952

Current Mailing Address:

P.O. BOX 7595
PORT ST LUCIE, FL 34985

New Mailing Address:

FEI Number: 80-1332124 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

DIAZ, DORIS A REV.
1041 SW CAIRO AVENUE
PORT ST LUCIE, FL 34953 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
Name: DIAZ, DORIS A REV.
Address: 1041 SW CAIRO AVENUE
City-St-Zip: PORT ST LUCIE, FL 34953

Title: VP
Name: RAMOS, GAMALIER REV.
Address: 1041 SW CAIRO AVENUE
City-St-Zip: PORT ST LUCIE, FL 34953

Title: S
Name: CRESPO, NICOLASA MRS.
Address: 2497 SW WARWICK ST.
City-St-Zip: PORT ST LUCIE, FL 34984

Title: T
Name: RAMOS, CESAR G MR.
Address: 1041 SW CAIRO AVENUE
City-St-Zip: PORT ST LUCIE, FL 34953

Title: V
Name: CRESPO, JORGE E MR.
Address: 2497 SW WARWICK ST.
City-St-Zip: PORT ST LUCIE, FL 34984

I hereby 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 all other like empowered.

SIGNATURE: DORIS A. DIAZ REV 01/19/2011
Electronic Signature of Signing Officer or Director Date