

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000010998

FILED  
Apr 27, 2011  
Secretary of State

Entity Name: COFA COMPASSION FOR ALL, INC.

## Current Principal Place of Business:

999 NE 167TH ST  
APT. # 514  
N. MIAMI BEACH, FL 33162 US

## New Principal Place of Business:

2040 NE 163RD ST  
SUITE 304 B-C  
N. MIAMI BEACH, FL 33162 US

## Current Mailing Address:

999 NE 167TH ST  
APT. # 514  
N. MIAMI BEACH, FL 33162 US

## New Mailing Address:

P.O. BOX 612731  
MIAMI, FL 33261 US

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

## Name and Address of Current Registered Agent:

JOSEPH, NATHAN  
999 NE 167TH ST  
APT. # 514  
N. MIAMI BEACH, FL 33162 US

## Name and Address of New Registered Agent:

JOSEPH, NATHAN  
2040 NE 163RD ST  
SUITE 304 B-C  
N. MIAMI BEACH, FL 33162 US

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: NATHAN JOSEPH

04/27/2011

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: P  
Name: JOSEPH, NATHAN  
Address: 2040 NE 163RD ST SUITE 304 B-C  
City-St-Zip: N. MIAMI BEACH, FL 33162 US

Title: VP  
Name: DESIRE, JEAN ARNOLD  
Address: 1270 NE 117 ST  
City-St-Zip: MIAMI, FL 33161 US

Title: S  
Name: PIERRE, RENETTE L.  
Address: 2040 NE 163RD ST SUITE 304 B-C  
City-St-Zip: N. MIAMI BEACH, FL 33162 US

Title: S  
Name: JOSEPH, VIOLAINE  
Address: 430 SW 81 TERR  
City-St-Zip: N. LAUDERDALE, FL 33068 US

Title: T  
Name: PIERRE, HUGUETTE  
Address: 1601 NE 191ST ST APT. # 216  
City-St-Zip: MIAMI, FL 33179 US

Title: T  
Name: BLOT, MYRTHO  
Address: 831 NE 157 TERR.  
City-St-Zip: N. MIAMI BEACH, FL 33162 US

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: NATHAN JOSEPH

P

04/27/2011

Electronic Signature of Signing Officer or Director

Date