2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N14687

FILED Feb 19, 2008 Secretary of State

Entity Name: THE ESPERANZA RESEARCH FOUNDATION, INC.

Current Principal Place of Business: New Principal Place of Business:

517 SW 1ST AVE.

FORT LAUDERDALE, FL 33301 LIS

Current Mailing Address: New Mailing Address:

504 SE 2ND AVE 517 SW 1ST AVE

DANIA BEACH, FL 33004 US FORT LAUDERDALE, FL 33001 US

FEI Number: 59-2635762 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

KENNEDY, EUGENE 517 SW 1ST AVE

FORT LAUDERDALE, FL 33301 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:

Date

Electronic Signature of Registered Agent

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

OFFICERS AND DIRECTORS:

() Delete **PRES** (X) Change () Addition

MUNDSCHENK, SUZANNE A GALLAGHER, GERARD J Name: Name:

504 SE 2ND AVE Address: 1 GREENHILL Address:

City-St-Zip: DANIA BEACH, FL 33004 City-St-Zip: LARGS, AYRSHIRE, UK KA30 9JY UK

Title: Title: (X) Change () Addition () Delete

MUNDSCHENK, DAVID D Name: GALLAGHER, MARIA E Name:

Address: 504 S 2ND AVE Address: 1 GREENHILL

City-St-Zip: DANIA BEACH, FL 33004 City-St-Zip: LARGS, AYRSHIRE, UK KA30 9JY UK

Title: (X) Delete Title: () Change () Addition

GALLAGHER, GERARD Name: Name: 504 SE 2ND AVE. Address: Address: City-St-Zip: DANIA, FL 33004 City-St-Zip:

Title: (X) Delete Title: () Change () Addition

Name: GALLAGHER, MARIA Name: Address: 504 2ND AVE. Address: City-St-Zip: DANIA, FL 33004 City-St-Zip:

Title: (X) Delete Title: () Change () Addition

KELLERMANN, GOTTFRIED DR. Name: Name: 280TH STREET Address: Address: OSCEOLA, WI 54020 US City-St-Zip: City-St-Zip:

Title: (X) Delete Title: () Change () Addition

KELLERMANN, MIEKE Name: Name: Address: 280TH STREET Address: OSCEOLA, WI 54020 US City-St-Zip: 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: GERARD JAMES GALLAGHER MR. 02/19/2008