2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 02, 2009
Secretary of State

DOCUMENT# N19923

Entity Name: CLARETIAN MISSIONS, INC.

Current Principal Place of Business:

7080 S.W. 99 AVE
MIAMI, FL 33173

New Principal Place of Business:

Current Mailing Address:

7080 SW 99TH AVENUE
MIAMI, FL 33173 US

New Mailing Address:

FEI Number: 59-2818284 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORTES, ONDINA A
7080 SW 99 AVENUE
MIAMI, FL 33169 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: CORTES, ONDINA
Address: 7080 SW 99 AVE
City-St-Zip: MIAMI, FL 33173

Title: VD ( ) Delete
Name: LOPEZ, LUIS
Address: 9871 SW 32 ST.
City-St-Zip: MIAMI, FL 33165

Title: SD ( ) Delete
Name: LOPEZ, ROSA
Address: 9871 SW 32 ST.
City-St-Zip: MIAMI, FL 33165

Title: D ( ) Delete
Name: GONZALEZ, JOSE
Address: 2919 SW 17 ST
City-St-Zip: MIAMI, FL 33145

Title: D ( ) Delete
Name: GONZALEZ, MARIANA
Address: 2919 SW 17 ST
City-St-Zip: MIAMI, FL 33145

Title: D ( ) Delete
Name: ZARUT, MARIBEL
Address: 13211 SW 68 ST
City-St-Zip: MIAMI, FL 33183

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: ONDINA CORTES P 03/02/2009

Electronic Signature of Signing Officer or Director — Date