2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N21128

FILED Feb 24, 2009 Secretary of State

Entity Name: INSTITUTO SANTA MARIANA DE JESUS, INC.

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

2781 N.W. 135TH STREET

OPA LOCKA, FL 33054

2781 N.W. 135TH STREET

OPA LOCKA, FL 33054

US

Current Mailing Address: New Mailing Address:

 2781 N.W. 135TH STREET
 2781 N.W. 135TH STREET

 OPA LOCKA, FL 33054
 OPA LOCKA, FL 33054

FEI Number: 65-0115194 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

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

GUALAN, EMMA DORI GUALAN, EMMA DORIS (HERMANA)
2781 N.W. 135TH STREET 2781 N.W. 135TH STREET
OPA LOCKA, FL 33054 US OPA LOCKA, FL 33054 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: SISTER DORIS GUALAN 02/24/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Fitle: D () Delete Title: () Change () Addition

Name: BORJA, ANA LÚISA, Name: Address: 2781 N.W. 135TH STREET Address:

City-St-Zip: OPA LOCKA, FL City-St-Zip:

Title: T () Delete Title: T (X) Change () Addition Name: GUALAN, EMMA DORI, Name: GUALAN, EMMA DORIS,

 Address:
 2781 N.W. 135TH STREET
 Address:
 2781 N.W. 135TH STREET

 City-St-Zip:
 OPA LOCKA, FL 33054
 City-St-Zip:
 OPA LOCKA, FL 33054

 $\label{eq:title:D} {\sf Title:} \qquad {\sf D} \qquad {\sf () Delete} \qquad \qquad {\sf Title:} \qquad {\sf D} \qquad {\sf (X) Change () Addition}$

 Name:
 MIDEROS, MARIANA T
 Name:
 ORTIZ, CESAR

 Address:
 2781 N.W. 135TH STREET
 Address:
 3806 N.W 89 WAY

 City-St-Zip:
 OPA LOCKA, FL 33054
 City-St-Zip:
 COOPER CITY, FL 33024

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: SISTER ANA LUISA BORJA D 02/24/2009