

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N35460

FILED
Apr 16, 2009
Secretary of State

Entity Name: ASOCIACION ESPERANZA Y CARIDAD, INC.

Current Principal Place of Business:

410-16TH STREET
MIAMI BEACH, FL 33139 US

New Principal Place of Business:

Current Mailing Address:

410-16TH STREET
MIAMI BEACH, FL 33139 US

New Mailing Address:

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

Name and Address of Current Registered Agent:

TELISMAN, ROCIO
410 16TH ST
MIAMI BEACH, FL 33139 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: DP () Delete
Name: TELISMAN, ROCIO
Address: 881 OCEAN DR., APT 21H
City-St-Zip: MIAMI, FL 33147

Title: DT () Delete
Name: RUTTIMANN, CECILIA
Address: 725 RIDGEWOOD
City-St-Zip: KEY BISCAINE, FL 33149

Title: DVS () Delete
Name: TELISMAN, ROCIO
Address: 881 OCEAN DRIVE APT 21 H
City-St-Zip: KEY BISCAINE, FL 33149

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:

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: ROCIO TELISMAN

DP

04/16/2009

Electronic Signature of Signing Officer or Director

_____ Date