2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 09, 2009
Secretary of State

DOCUMENT# N43210

Entity Name: CENTRO ESPIRITISTA SEMBRANDO AMOR, INC.

Current Principal Place of Business:

P O BOX 161771
MIAMI, FL 33116

New Principal Place of Business:

10086 S.W. 143 PLACE
MIAMI, FL 33186

Current Mailing Address:

P O BOX 161771
MIAMI, FL 33116

New Mailing Address:

FEI Number: 65-0265009 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ULFE, JULIA M
10086 SW 143 PLACE
MIAMI, FL 33186 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: ULFE, MANUEL
Address: 10086 SW. 143 PLACE
City-St-Zip: MIAMI, FL 33186

Title: VD ( ) Delete
Name: NUNEZ, MARTHA M
Address: 13464 SW 90 TERRACE
City-St-Zip: MIAMI, FL 33186

Title: SD ( ) Delete
Name: FERNANDEZ, JAIME
Address: 11510 RW 30 PL
City-St-Zip: SUNRISE, FL 33303

Title: TR ( ) Delete
Name: ULFE, JULIA M
Address: 9900 E. CALUSA CLUB DR.
City-St-Zip: MIAMI, FL 33186

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:

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: MANUEL H. ULFE PD 03/09/2009

Electronic Signature of Signing Officer or Director — Date