

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N45243

FILED
Apr 27, 2009
Secretary of State

Entity Name: MISION FOR COLOMBIA INC.

Current Principal Place of Business:

2640 BRIM WAY
COOPER CITY, FL 33026 US

New Principal Place of Business:

Current Mailing Address:

2640 BRIM WAY
COOPER CITY, FL 33026 US

New Mailing Address:

FEI Number: 65-0286672

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ABRIL, LUZ
2640 BRIM WAY
COOPER CITY, FL 33026 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: DC () Delete
Name: ABRIL, LUZ
Address: 2640 BRIM WAY
City-St-Zip: COOPER CITY, FL 33026

Title: MD () Delete
Name: ABRIL, ALVARO E
Address: 1781 SW 85 AVE
City-St-Zip: MIRAMAR, FL

Title: D () Delete
Name: TORRES, JAIRO
Address: 2301 N 62 AVE
City-St-Zip: HOLLYWOOD, FL 33023

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: LUZ S. ABRIL

DC

04/27/2009

Electronic Signature of Signing Officer or Director

Date