## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N50945

FILED Jun 16, 2009 Secretary of State

1621 SW 6TH ST MIAMI, FL 33135 US  Current Mailing Address: New Mailing Address:  1946 SW 9 ST MIAMI, FL 33135 US  FEI Number: 65-0360950 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Sta In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.  Name and Address of Current Registered Agent: Name and Address of New Registered  HOPKINS, TIMOTHY A FR.  1946 SW 9 ST MIAMI, FL 33135 US  The above named entity submits this statement for the purpose of changing its registered office or registere in the State of Florida.  SIGNATURE:  Electronic Signature of Registered Agent Date  OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS  Title: DP ( ) Delete Title: ( ) Change ( ) Addition Name: HOPKINS, TIMOTHY A. Address: 1946 SW 9 ST Address:	JOCOIVILI	111# 11000-10		Secretary or State
Current Principal Place of Business:  New Principal Place of Business:  New Mailing Address:  PEI Number: 65-0360950 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of State In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.  Name and Address of Current Registered Agent:  Name and Address of New Registered  HOPKINS, TIMOTHY A FR.  1946 SW 9 ST  MIAMI, FL 33135 US  The above named entity submits this statement for the purpose of changing its registered office or registere in the State of Florida.  SIGNATURE:  Electronic Signature of Registered Agent  OFFICERS AND DIRECTORS:  ADDITIONS/CHANGES TO OFFICERS  Title: DP ( ) Delete  Title: ( ) Change ( ) Addition Name: Address: 1946 SW 9 ST	Entity Name:	· EDIENDS OF ST PHILOMENIA IN	NC	
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	I946 SW 9 ST MIAMI, FL 33 <sup>.</sup> The above nar n the State of BIGNATURE:	T 8135 US amed entity submits this statement for f Florida. : Electronic Signature of Registere	ed Agent	Date
Title:       DS       ( ) Delete       Title:       ( ) Change ( ) Additional Name:         Name:       MENDEZ, MYRNA       Name:         Address:       10821 NE 5 AVE .       Address:         City-St-Zip:       MIAMI, FL 33161       City-St-Zip:	I 946 SW 9 ST MIAMI, FL 33.  The above nar in the State of BIGNATURE:  DFFICERS AI Title: DF Jame: HC	T B135 US  amed entity submits this statement for f Florida.  Electronic Signature of Registere AND DIRECTORS:  OP () Delete HOPKINS, TIMOTHY A. 946 SW 9 ST	ed Agent  ADDITIONS/CHANGES TO  Title: ( ) Cha  Name:  Address:	Date OFFICERS AND DIRECTORS
Title: DT ( ) Delete Title: ( ) Change ( ) Addition Name: RUEDA, ENRIQUE Name: Address: Address: Address:	I 946 SW 9 ST MIAMI, FL 33° The above nar in the State of BIGNATURE:  DFFICERS AI Title: DF Jame: HC Address: 19 Dity-St-Zip: MI	T B135 US  Amed entity submits this statement for f Florida.  Electronic Signature of Registere AND DIRECTORS:  OP () Delete HOPKINS, TIMOTHY A. 946 SW 9 ST MIAMI,, FL 33135  OS () Delete MENDEZ, MYRNA 0821 NE 5 AVE.	ADDITIONS/CHANGES TO  Title: () Cha Name: Address: City-St-Zip:  Title: () Cha Name: Address:	Date  OFFICERS AND DIRECTORS  ange ( ) Addition

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: TIMOTHY A. HOPKINS DP 06/16/2009