2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000005231

FILED Feb 24, 2009 Secretary of State

Name and Address of Current Registered Agent: RAMOS, JOSE S 17905 CACHET ISLE TAMPA, FL 33647 US The above named entity submits this statement for the purpose of changing its registered office or in the State of Florida. SIGNATURE: Electronic Signature of Registered Agent OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OF Title: PD () Delete Title: () Change Name: TORRES, DOMPART Name: Address: CALLE TETUAN #100 Address: City-St-Zip: SAN JUAN, P.R., 00902 OC Title: TD () Delete Title: () Change Name: RAMOS, JOSI S. Name: RAMOS, JOSI S. Name: Address: 222 E. BULLARD PKWY. Address:	
TAMPA, FL 33617 US 7 WESLEY CHAPEL, FL 33544 Current Mailing Address: New Mailing Address: 17905 CACHET ISLE TAMPA, FL 33647 US FEI Number: 59-3228361 FEI Number Applied For () FEI Number Not Applicable () Certifice Name and Address of Current Registered Agent: Name and Address of New Re RAMOS, JOSE S 17905 CACHET ISLE TAMPA, FL 33647 US The above named entity submits this statement for the purpose of changing its registered office or in the State of Florida. SIGNATURE: Electronic Signature of Registered Agent OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OF Title: PD () Delete Title: () Change Name: TORRES, DOMPART Name: Address: CALLE TETUAN #100 Address: CALLE TETUAN #100 Address: CALLE TETUAN #100 City-St-Zip: SAN JUAN, P.R., 00902 OC Name: RAMOS, JOSI S. Name: RAMOS, JOSI S. Name: RAMOS, JOSI S. Name: RAMOS, JOSI S. Address: Ad	ess:
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City-St-Zip: TAMPA, FL 33617 US City-St-Zip:	() Addition
Title: SD () Delete Title: () Change Name: DE ROSA, LUIS Name: Address: 1801 CORAYWAY #407 Address: City-St-Zip: MIAMI, FL 33145 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: DOMPART TORRES PD 02/24/2009