2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2009
Secretary of State

DOCUMENT# N94000002580

Entity Name: EL APOSENTO DE LA GRACIA, INC.

Current Principal Place of Business:

1841 NORTH 66 AVE
HOLLYWOOD, FL 33024 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 848206
PEMBROKE PINES, FL 33084 US

New Mailing Address:

P.O. BOX 848008
PEMBROKE PINES, FL 33084 US

FEI Number: 65-0302279 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GALLO, JOHN J
5811 BRIGHTON LN
DAVIE, FL 33331 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:	P	( ) Delete
Name:	GALLO, JOHN J	
Address:	5811 BRIGHTON LN	
City-St-Zip:	DAVIE, FL 33331 US	
Title:	V	( ) Delete
Name:	LLANOS, ALBA	
Address:	350 N 68 TERRACE	
City-St-Zip:	HOLLYWOOD, FL 33024 US	
Title:	V	( ) Delete
Name:	ZAPATA, CARLOS	
Address:	5821 BRIGHTON LANE	
City-St-Zip:	DAVIE, FL 33331	
Title:	S	( ) Delete
Name:	SALAZAR, MARIA M	
Address:	12213 SW 7TH ST	
City-St-Zip:	PEMBROKE PINES, FL 33025 US	

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:	S	(X) Change ( ) Addition
Name:	SALAZAR, MARIA M	
Address:	502 SW 158 TERRACE, APT 204	
City-St-Zip:	PEMBROKE PINES, FL 33027 US	

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: JOHN J GALLO P 04/22/2009

Electronic Signature of Signing Officer or Director — Date