

2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Sep 07, 2006 8:00 am
Secretary of State

09-07-2006 90015 005 ****61.25

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1. Entity Name
SELF AND WORLD RECOVERY MISSION, INC.



Principal Place of Business
**8955 SW 56TH STREET
MIAMI, FL 33165**

Mailing Address
**PO BOX 651099
MIAMI, FL 33265**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

06052006 Chg-NP CR2E037 (4/06)

4. FEI Number
59-2292298

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**VIANS, JANIRAH
8955 SW 56TH STREET
MIAMI, FL 33165**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by September 6, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☐ Delete
NAME **VIANS, JANIRAH**
STREET ADDRESS **8955 SW 56TH STREET**
CITY-ST-ZIP **MIAMI, FL 33165**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **TD** ☐ Delete
NAME **PELLON, ESTHER**
STREET ADDRESS **2200 SW 97TH AVENUE**
CITY-ST-ZIP **MIAMI, FL 33165**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **SD** ☐ Delete
NAME **RODRIGUEZ, LAURA**
STREET ADDRESS **400 SQUAWCREEK RD.**
CITY-ST-ZIP **LYMPIC VALLEY, CA 96146**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Janirah Vians*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

25 July-2006 **305-398-6601**
Date Daytime Phone #