

2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Aug 28, 2009
Secretary of State

DOCUMENT# N95000002525

Entity Name: R.A.I.N. PARENTS, INC.

Current Principal Place of Business:1420 WASHINGTON AVENUE
MIAMI BEACH, FL 33139**New Principal Place of Business:****Current Mailing Address:**1420 WASHINGTON AVENUE
MIAMI BEACH, FL 33139**New Mailing Address:**

FEI Number: 65-0619078

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:MARQUEZ, CARIDAD
1420 WASHINGTON AVENUE
MIAMI BEACH, FL 33139 US**Name and Address of New Registered Agent:**SERRANO, WILFRIDA
1420 WASHINGTON AVENUE
MIAMI BEACH, FL 33139 US

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: WILFRIDA SERRANO

08/28/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:Title: DV () Delete
Name: DATORRE, ROBERTO
Address: 945 PENNSYLVANIA AVE.
City-St-Zip: MIAMI BEACH, FL 33139Title: D () Delete
Name: BARRETO, EVA
Address: 501 41ST STREET
City-St-Zip: MIAMI BEACH, FL 33140Title: T (X) Delete
Name: MARQUEZ, ALBERT
Address: 3800 COLLINS AVE #205
City-St-Zip: MIAMI BEACH, FL 33140Title: DC () Delete
Name: LLERANDI, ADA
Address: 1420 WASHINGTON AVE.
City-St-Zip: MIAMI BEACH, FL 33139Title: D () Delete
Name: FIGUERES, OLGA
Address: 1420 WASHINGTON AVE.
City-St-Zip: MIAMI BEACH, FL 33139Title: D () Delete
Name: MAAL, PEDRO
Address: 3100 COLLINS AVE., APT. 903
City-St-Zip: MIAMI BEACH, FL 33140**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: D (X) Change () Addition
Name: ZABALA, MARIA G
Address: 1420 WASINGTON AVENUE
City-St-Zip: MIAMI BEACH, FL 33139Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: DC (X) Change () Addition
Name: URQUIZA, ELSA M
Address: 227 E RIVO ALTO DR
City-St-Zip: MIAMI BEACH, FL 33139Title: () 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: PEDRO MAAL

D

08/28/2009

Electronic Signature of Signing Officer or Director

Date