2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2009
Secretary of State

DOCUMENT# N96000006120

Entity Name: THE SALESIAN WOMEN ASSOCIATION, INC.

Current Principal Place of Business:

9737 NW 41 ST PMB106
MIAMI, FL 33178 US

New Principal Place of Business:

Current Mailing Address:

9737 NW 41 ST PMB 106
MIAMI, FL 33178 US

New Mailing Address:

FEI Number: 91-1907813 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

TOVAR, ILEANA ARIAS
1725 MAIN STREET
SUITE 209
WESTON, FL 33326 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: DP ( ) Delete
Name: MONROY, GRACIELA
Address: 9737 NW 41 ST PMB106
City-St-Zip: MIAMI, FL 33178

Title: DVP ( ) Delete
Name: POCATERRA, CRISTINA
Address: 9737 NW 41 ST PMB106
City-St-Zip: MIAMI, FL 33178

Title: DT ( ) Delete
Name: SCHEMIDT, CRISTINA
Address: 9737 NW 41 ST PMB106
City-St-Zip: MIAMI, FL 33178

Title: D ( ) Delete
Name: SANABRIA, ANDREINA
Address: 9737 NW 41 ST PMB 106
City-St-Zip: MIAMI, FL 33178

Title: D ( ) Delete
Name: MALENA, EGANA
Address: 7512 DR. PHILLIPS, SUITE 50-142
City-St-Zip: ORLANDO, FL 32819

Title: D ( ) Delete
Name: TOVAR, ILEANA ARIAS
Address: 9737 NW 41 ST PMB 106
City-St-Zip: MIAMI, FL 33178

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: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) 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: GRACIELA MONROY DP 04/24/2009
Electronic Signature of Signing Officer or Director Date