2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000001546

FILED Apr 30, 2005 Secretary of State

Entity Name: AMERICAN FRIENDS OF LITTLE CHILDREN, INC.

	Principal Place of	Dusiness:	New Principal Place	ce or business:	
	V. 60 AVE. ST, FL 33156				
Current Mailing Address:			New Mailing Addr	New Mailing Address:	
11100 S.V	JEL VIYELLA V. 60 AVE. ST, FL 33156				
FEI Numbei	r: 65-0777491	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	d Address of Cur	rrent Registered Agent:	Name and Address	s of New Registered Agent:	
VIYELLA, 200 S. BIS MIAMI, FL	SCAYNE BLVD., S	STE. 3200			
	e named entity sub te of Florida.	omits this statement for the p	ourpose of changing its registe	ered office or registered agent, or both	
SIGNATU					
	Electronic	Signature of Registered Age	ent	Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHAN	IGES TO OFFICERS AND DIRECTO	
Title: Name: Address: City-St-Zip:	P () De VIYELLA, MIGUEL 200 S. BISCAYNE MIAMI, FL 33131		Title: Name: Address: City-St-Zip:	() Change () Addition	
•					
Title: Name: Address: City-St-Zip:	V () De POETSCHKE, KAI ONE BISCAYNE TI MIAMI, FL 33131		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address:	POETSCHKE, KAI ONE BISCAYNE T	OWER elete ARLOS	Name: Address:	() Change () Addition () Change () Addition	
Title: Name: Address: City-St-Zip: Title: Name: Address:	POETSCHKE, KAI ONE BISCAYNE TO MIAMI, FL 33131 T () De CONCEPCION, CA 1015 PONCE DE L MIAMI, FL 33145 S () De VIYELLA, SONNIA	OWER elete ARLOS LEON BLVD # 11	Name: Address: City-St-Zip: Title: Name: Address:	• • • • • • • • • • • • • • • • • • • •	
Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: Address:	POETSCHKE, KAI ONE BISCAYNE TO MIAMI, FL 33131 T () De CONCEPCION, CA 1015 PONCE DE L MIAMI, FL 33145 S () De VIYELLA, SONNIA 200 S. BISCAYNE	OWER elete ARLOS LEON BLVD # 11 elete BLVD. SUITE 3200	Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: MIGUEL VIYELLA P 04/30/2005