

2011 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Mar 29, 2011
Secretary of State

DOCUMENT# N97000002481

Entity Name: NICARAGUAN AMERICAN NURSES ASSOCIATION, INC.**Current Principal Place of Business:**1880 NW 183RD ST.
MIAMI GARDENS, FL 33056**New Principal Place of Business:****Current Mailing Address:**1880 NW 183RD ST.
MIAMI GARDENS, FL 33056**New Mailing Address:****FEI Number:** 26-3525873**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**BLANDFORD, ALICE
333 W. AZTEC AVE.
CLEWISTON, FL 33440 US**Name and Address of New Registered Agent:**BERRY, ETHEL M
380 NW 130 STREET
NORTH MIAMI, FL 33168 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: ETHEL MARIE BERRY

03/29/2011

Electronic Signature of Registered Agent_____
Date**OFFICERS AND DIRECTORS:**

Title: PD
Name: BERRY, ETHEL M
Address: 380 NW 130 STREET
City-St-Zip: NORTH MIAMI, FL 33168

Title: VSD
Name: PATTERSON-JULIAS, WILDA
Address: 113 VALENCIA STREET
City-St-Zip: ROYAL PALM BEACH, FL 33411

Title: TD
Name: BLOOMFIELD, ARLENE
Address: 1400 NW 193 TERRACE
City-St-Zip: MIAMI, FL 33169

Title: SECR
Name: BENEDICT, JOY
Address: 17721 NW 14TH AVE
City-St-Zip: MIAMI, FL 33169

I hereby 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 all other like empowered.

SIGNATURE: ETHEL MARIE BERRY

PD

03/29/2011

Electronic Signature of Signing Officer or Director_____
Date