2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000003060

Title:

Name:

Address:

City-St-Zip:

Entity Name: REBIRTH FOUNDATION INC.

FILED Mar 22, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 2441 SW 142 PLACE MIAMI, FL 33176 **Current Mailing Address: New Mailing Address:** 2441 SW 142 PLACE 2441 SW 142 PLACE MIAMI, FL 33176 MIAMI, FL 33175 FEI Number: 65-0758209 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: ALVA, ESTHER ALVA, ESTHER 2441 SW 142 PLACE 2441 SW 142 PLACE MIAMI, FL 33176 MIAMI, FL 33175 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: 03/22/2007 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition ALVA, ESTHER ALVA, ESTHER Name: Name: 2441 SW 142 PLACE Address: 2441 SW 142 PLACE Address: City-St-Zip: MIAMI, FL 33176 City-St-Zip: MIAMI, FL 33175 Title: Title: () Delete () Change () Addition FUENTES, SANTOS Name: Name: Address: 237 SW 13 ST. APT. #209 Address: City-St-Zip: MIAMI, FL 33130 City-St-Zip: Title: VD. () Delete Title: (X) Change () Addition JIMENEZ, GLADYS Name: SALVADOR, CABREJOS Name: 19610 NE 19TH PL Address: 1915 BRICKELL AVE Address: City-St-Zip: MIAMI, FL 33130 City-St-Zip: MIAMI, FL 33179 Title: () Delete Title: SD () Change (X) Addition Name: Name: ROBERTO, PRIETO Address: Address: 2441 SW 142 PL City-St-Zip: City-St-Zip: MIAMI, FL 33175

I hereby certify that the information supplied with this filing does not qualify for the 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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: ESTHER ALVA PD 03/22/2007

() Delete

() Change (X) Addition

NELSON, DIAZ POMAR

3501 SW 107TH AVE

MIAMI, FL 33165