

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000003060

FILED  
Jan 27, 2009  
Secretary of State

Entity Name: REBIRTH FOUNDATION INC.

## Current Principal Place of Business:

2441 SW 142 PLACE  
MIAMI, FL 33176

## New Principal Place of Business:

## Current Mailing Address:

2441 SW 142 PLACE  
MIAMI, FL 33175

## New Mailing Address:

FEI Number: 65-0758209

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ALVA, ESTHER  
2441 SW 142 PLACE  
MIAMI, FL 33175 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: PD ( ) Delete  
Name: ALVA, ESTHER PD  
Address: 2441 SW 142 PLACE  
City-St-Zip: MIAMI, FL 33175

Title: TD ( ) Delete  
Name: FUENTES, SANTOS TD  
Address: 237 SW 13 ST. APT. #209  
City-St-Zip: MIAMI, FL 33130

Title: VD ( ) Delete  
Name: PINTO, SANDRA VD  
Address: 237 SW 13TH ST APT# 209  
City-St-Zip: MIAMI, FL 33130

Title: SD ( ) Delete  
Name: GRIFFIN, AARON SD  
Address: 6701 SW 64TH AVE  
City-St-Zip: MIAMI, FL 33143

Title: D ( ) Delete  
Name: BALAREZO, OSCAR D  
Address: 404 SW 6TH ST APY # 1  
City-St-Zip: MIAMI, FL 33130

## 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: D (X) Change ( ) Addition  
Name: TRUJILLO, JULIA D  
Address: 9042 SW 13 CIRCLE EAST  
City-St-Zip: MIAMI, FL 33176

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: ESTHER ALVA

P

01/27/2009

Electronic Signature of Signing Officer or Director

Date