2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 01, 2009
Secretary of State

DOCUMENT# N97000003664

Entity Name: SANT KILTIREL MAPOU, INC.

Current Principal Place of Business:

5919-21 NE 2ND AVE
MIAMI, FL 33137 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 6146
MIAMI, FL 33299 US

New Mailing Address:

FEI Number: 65-0766047 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

DENIS, JEAN-MARIE
5919-21 NE 2ND AVE
MIAMI, FL 33137 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: DENIS, JEAN-MARIE
Address: 310 NE 97 STREET
City-St-Zip: MIAMI SHORES, FL 33138

Title: D ( ) Delete
Name: JULMEUS, ERNST
Address: 5919-21 NE 2ND AVENUE
City-St-Zip: MIAMI, FL 33137

Title: TD ( ) Delete
Name: DENIS, RITA
Address: 310 NE 97 STREET
City-St-Zip: MIAMI-SHORES, FL 33138

Title: T ( ) Delete
Name: DENIS, TAINA
Address: 310 NE 97TH STREET
City-St-Zip: MIAMI-SHORES, FL 33138

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change ( ) Addition
Name: DR. JULMEUS, ERNST
Address: 5919-21 NE 2ND AVENUE
City-St-Zip: MIAMI, FL 33137

Title: TD (X) Change ( ) Addition
Name: DENIS, RITA
Address: 310 NE 97TH. STREET
City-St-Zip: MIAMI-SHORES, FL 33138

Title: T (X) Change ( ) Addition
Name: DR. DENIS, TAINA
Address: 310 NE 97TH STREET
City-St-Zip: MIAMI-SHORES, FL 33138

Title: S ( ) Change (X) Addition
Name: DR. DENIS, NADIA
Address: 310 NE 97TH. STREET
City-St-Zip: MIAMI-SHORES, FL 33138

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: DR. ERNST JULMEUS D 07/01/2009

Electronic Signature of Signing Officer or Director — Date