2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000005098

Entity Name: VOLVER A VIVIR FOUNDATION, INC.

Current Principal Place of Business:		New Principal Place of Business:		
10421 SW 87 CT MIAMI, FL 33176				
Current Mailing Address:		New Mailing Address:		
10421 SW 87 CT MIAMI, FL 33176				
FEI Number: 31-1581964	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:		

FILED Apr 16, 2009 Secretary of State

FLORES, MABEL 10421 SW 87 CT MIAMI, FL 33176 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:					
	Electronic Signature of Registered Agent		Date		
OFFICERS AND DIRECTORS:		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title:	D () Delete	Title:	D (X) Change () Addition		
Name:	FLORES, MABEL	Name:	FLORES, MABEL		
Address:	10421 SW 87 CT	Address:	10421 SW 87 TH CT		
City-St-Zip:	MIAMI, FL 33176	City-St-Zip:	MIAMI, FL 33176		
Title:	D () Delete	Title:	D (X) Change () Addition		
Name:	ENRIQUE, VITANZA K	Name:	VITANZA KATTAN, ENRIQUE		
Address:	10421 SW 87TH COURT	Address:	10421 SW 87TH COURT		
City-St-Zip:	MIAMI, FL 33176	City-St-Zip:	MIAMI, FL 33176		
Title:	D () Delete	Title:	D (X) Change () Addition		
Name:	ROMULO, EMILIANI	Name:	EMILIANI, ROMULO		
Address:	10421 SW 87TH COURT	Address:	10421 SW 87TH COURT		
City-St-Zip:	MIAMI, FL 33176	City-St-Zip:	MIAMI, FL 33176		
Title:	()Delete	Title:	D () Change (X) Addition		
Name:		Name:	VITANZA KATTAN, JORGE		
Address:		Address:	10421 SW 87TH COURT		
City-St-Zip:		City-St-Zip:	MIAMI, FL 33176		
Title:	()Delete	Title:	D () Change (X) Addition		
Name:		Name:	FLORES RODIL, VALENTIN J		
Address:		Address:	10421 SW 87TH COURT		
City-St-Zip:		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:	MABEL FLORES	D	04/16/2009
	Electronic Signature of Signing Officer or Director		Date