2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 07, 2008
Secretary of State

DOCUMENT# N98000002102

Entity Name: FUNDACION HUMANISMO SIN FRONTERAS, INC.

Current Principal Place of Business:

10355 SW 40TH STREET
APT: 537
MIAMI, FL 33165

New Principal Place of Business:

Current Mailing Address:

10355 SW 40TH STREET
APT: 537
MIAMI, FL 33165

New Mailing Address:

FEI Number: 91-1979784 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
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:

CEPERO, EVELIO
10355 SW 40TH STREET APT 537
MIAMI, FL 33165 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: CD ( ) Delete
Name: SUAREZ, AMANCIO
Address: 10450 NW 31 TERRACE
City-St-Zip: MIAMI, FL 33172

Title: PD ( ) Delete
Name: CEPERO, EVELIO
Address: 10355 SW 40TH STREET APT 537
City-St-Zip: MIAMI, FL 33165

Title: VPD ( ) Delete
Name: PALENZUELO, GONZALO
Address: 2960 CORAL WAY
City-St-Zip: MIAMI, FL 33129

Title: SD ( ) Delete
Name: FERNANDEZ, GRISEL
Address: 175 SW 15 ROAD
City-St-Zip: MIAMI, FL 33129

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:

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: EVELIO CEPERO PD 07/07/2008

Electronic Signature of Signing Officer or Director — Date