

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000003145

FILED
Mar 26, 2009
Secretary of State

Entity Name: PAIDOS, INC.

Current Principal Place of Business:

10261 SW 72 STREET, UNIT # 103
MIAMI, FL 33173 US

New Principal Place of Business:

Current Mailing Address:

10261 SW 72 STREET, UNIT # 103
MIAMI, FL 33173 US

New Mailing Address:

PO BOX 165918
MIAMI, FL 33116 59

FEI Number: 65-0872356

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PADRON, RUBEN J
10261 SW 72ND STREET
SUITE # 103
MIAMI, FL 33173 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: DP () Delete
Name: CASTELLANOS, RAIMUNDO J
Address: 10773 SW 97TH TERRACE
City-St-Zip: MIAMI, FL 33176

Title: DVP () Delete
Name: CASTELLANOS, ANA G
Address: 10773 SW 97TH TERRACE
City-St-Zip: MIAMI, FL 33176

Title: D () Delete
Name: ALVAREZ, EDUARDO J
Address: GESU CATHOLIC CHUR CH
City-St-Zip: MIAMI, FL 33132

Title: DS () Delete
Name: PADRON, RUBEN J
Address: 11440 SW 114 CT
City-St-Zip: MIAMI, FL 33176

Title: DT () Delete
Name: FLEITES, SERGIO CPA
Address: 1575 SW 87TH AVENUE
City-St-Zip: MIAMI, FL 33174

Title: D () Delete
Name: VALDERAMA, ELSA A
Address: 11225 SW 133TH TERR
City-St-Zip: MIAMI, FL 33176

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: DS (X) Change () Addition
Name: PADRON, RUBEN J
Address: 11642 SW 100 AVENUE
City-St-Zip: MIAMI, FL 33176

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: ANA G. CASTELLANOS

DVP

03/26/2009

Electronic Signature of Signing Officer or Director

Date