

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000002444

FILED
Apr 11, 2008
Secretary of State

Entity Name: ASOCIACION EMERGENCIA AYACUCHO INC.

Current Principal Place of Business:

7300 N. KENDALL DRIVE
STE. 521
MIAMI, FL 331567840

New Principal Place of Business:

Current Mailing Address:

7300 N. KENDALL DRIVE
STE. 521
MIAMI, FL 331567840

New Mailing Address:

FEI Number: 65-0920961

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CEPEDA, VIOLETA
9130 SOUTH DADELAND BOULEVARD
SUITE 1607
MIAMI, FL 33156 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: AMOROS, CARMEN-ROSA
Address: 9801 SW 73RD COURT
City-St-Zip: MIAMI, FL 331563112

Title: SD () Delete
Name: FUENZALIDA, IRMA
Address: 11216 SW 117 CT
City-St-Zip: MIAMI, FL 33186

Title: TD () Delete
Name: AGUAYO, SONIA
Address: 9351 SW 118 PL
City-St-Zip: MIAMI, FL 33186

Title: D () Delete
Name: SARMIENTO, SUSANA
Address: 12336 N.W. 14TH STREET
City-St-Zip: PEMBROKE PINES, FL 33026

Title: VD () Delete
Name: CEPEDA, VIOLETA
Address: 7200 S.W. 109 TERRACE
City-St-Zip: PINECREST, FL 33156

Title: D () Delete
Name: CHAMOT, ROCIO
Address: 201 CRANDON BLVD, #209
City-St-Zip: KEY BISCAYNE, FL 33149

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: () 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: SONIA AGUAYO

TD

04/11/2008

Electronic Signature of Signing Officer or Director

Date