2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2009
Secretary of State

DOCUMENT# N99000002590

Entity Name: C.A.M.P. 4 JUSTICE FOUNDATION, INC.

Current Principal Place of Business:

6619 SOUTH DIXIE HIGHWAY
PMB 241
MIAMI, FL 33143

New Principal Place of Business:

Current Mailing Address:

1000 S. W. 184TH. TERRACE
PEMBROKE PINES, FL 33029

New Mailing Address:

FEI Number: 65-0937615 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

ALEJANDRE-TRIANA, MARLENE D
7500 SW 61 STREET
MIAMI, FL 33143 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:	D	( ) Delete
Name:	MENDEZ, MICHAEL	
Address:	6500 SW 98 STREET	
City-St-Zip:	MIAMI, FL 33156	
Title:	D	( ) Delete
Name:	COSTA, MIRTA	
Address:	6500 SW 98 STREET	
City-St-Zip:	MIAMI, FL 33156	
Title:	D	( ) Delete
Name:	DE LA PENA, MARIO T	
Address:	1000 SW 184 TERRACE	
City-St-Zip:	PEMBROKE PINES, FL 33029	
Title:	D	( ) Delete
Name:	DE LA PENA, MIRIAM	
Address:	1000 SW 184 TERRACE	
City-St-Zip:	PEMBROKE PINES, FL 33029	
Title:	D	( ) Delete
Name:	ALEJANDRE-TRIANA, MARLENE	
Address:	7500 SW 61 STREET	
City-St-Zip:	MIAMI, FL 33143	
Title:	D	( ) Delete
Name:	FERNANDEZ, MARLENE A	
Address:	6145 SW 92 STREET	
City-St-Zip:	MIAMI, FL 33146	

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: MARIO T DE LA PENA DIR 04/16/2009

Electronic Signature of Signing Officer or Director — Date