

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N99000005505

FILED
Apr 28, 2003
Secretary of State

Entity Name: FAMILY RESCUE FOUNDATION, INC.

Current Principal Place of Business:

4121 SW 96 AVENUE
MIAMI, FL 33165

New Principal Place of Business:

4124 SW 96 AVENUE
MIAMI, FL 33165

Current Mailing Address:

P.O.BOX 55-7487
MIAMI, FL 332557487

New Mailing Address:

FEI Number: 65-0949176

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DIAZ, RAMON
5330 SW 77 COURT
SUITE 208 J
MIAMI, FL 331555556 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: PT () Delete
Name: DIAZ, RAMON
Address: 5330 SW 77 CT,208J
City-St-Zip: MIAMI, FL 33155

Title: VS () Delete
Name: DIAZ, LEONOR CORSA
Address: 5330 SW 77 CT,208J
City-St-Zip: MIAMI, FL 33155

Title: D () Delete
Name: DIAZ, FELIPA
Address: 5325 SW 77 CT,208 J
City-St-Zip: MIAMI, FL 33155

Title: D () Delete
Name: DIAZ, RAMON
Address: 5330 SW 77CT ,208 J
City-St-Zip: MIAMI, FL 33155

Title: D () Delete
Name: DIZA, LEONOR CORSA
Address: 5330 SW 77 CT,208 J
City-St-Zip: MIAMI, FL 33155

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PT (X) Change () Addition
Name: DIAZ, RAMON
Address: 4124 S.W. 96 AVE
City-St-Zip: MIAMI, FL 33165

Title: VS (X) Change () Addition
Name: DIAZ, LEONOR CORSA
Address: 4124 S.W. 96 AVE
City-St-Zip: MIAMI, FL 33165

Title: D (X) Change () Addition
Name: DIAZ, FELIPA
Address: 6200 W. FLAGLER ST., #408
City-St-Zip: MIAMI, FL 33144

Title: D (X) Change () Addition
Name: DIAZ, RAMON
Address: 4124 S.W. 96 AVE
City-St-Zip: MIAMI, FL 33165

Title: D (X) Change () Addition
Name: DIAZ, LEONOR CORSA
Address: 4124 S.W. 96 AVE
City-St-Zip: MIAMI, FL 33165

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: RAMON DIAZ

PT

04/28/2003

Electronic Signature of Signing Officer or Director

Date