

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000005532

FILED
Apr 30, 2008
Secretary of State

Entity Name: "PUERTA DEL SOL" FOUNDATION, INC.

Current Principal Place of Business:

2344 NW 111 AV
SUNRISE, FL 33332

New Principal Place of Business:

Current Mailing Address:

2344 NW 111 AV
SUNRISE, FL 33332

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHAVARRIA, WARA
2344 NW 111 AV
SUNRISE, FL 33322 US

Name and Address of New Registered Agent:

AGUILAR, VILMA
2344 NW 111 AV
SUNRISE, FL 33322 US

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: VILMA AGUILAR

04/30/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: ARRIOLA, ANA
Address: 2611 OAKBROOK CT
City-St-Zip: WESTON, FL 33332

Title: D () Delete
Name: CHAVARRIA, WARA
Address: 2344 NW 111TH AVE
City-St-Zip: SUNRISE, FL 33322

Title: TT () Delete
Name: KEDZIOREK, PIOTR A
Address: 2344 NW 111TH AVE
City-St-Zip: SUNRISE, FL 33322

Title: ST () Delete
Name: PINEDO, JULIETA
Address: 650 CORAL WAY,#407
City-St-Zip: CORAL GABLES, FL 33134

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: KEDZIOREK, WARA
Address: 2344 NW 111TH AVE
City-St-Zip: SUNRISE, FL 33322

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: WARA KEDZIOREK

D

04/30/2008

Electronic Signature of Signing Officer or Director

Date