

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000006746

FILED
Apr 26, 2009
Secretary of State

Entity Name: COMMITTEE FOR THE HUMAN RIGHTS OF CHILDREN, INC.

Current Principal Place of Business:

8700 N. KENDALL DRIVE #201
MIAMI, FL 33176

New Principal Place of Business:

1550 MADRUGA AVE #325
CORAL GABLES, FL 33146

Current Mailing Address:

8700 N. KENDALL DRIVE #201
MIAMI, FL 33176

New Mailing Address:

1550 MADRUGA AVE #325
CORAL GABLES, FL 33146

FEI Number: 65-0961663

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

USATEGUI, LYDIA M M.D.
8700 N. KENDALL DRIVE #201
MIAMI, FL 33176 US

Name and Address of New Registered Agent:

USATEGUI, LYDIA M M.D.
1550 MADRUGA AVE #325
CORAL GABLES, FL 33146 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: LYDIA M. USATEGUI

04/26/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DVP () Delete
Name: CLARK, JUAN PH.D.
Address: 9485 S.W. 87 STREET
City-St-Zip: MIAMI, FL 33173

Title: D () Delete
Name: KAUFMAN, ANA A
Address: 5288 N. VIRGINIA AVENUE
City-St-Zip: CHICAGO, IL 60625

Title: SD () Delete
Name: MANRARA, ALFREDO JR.
Address: 8821 S.W. 86 STREET
City-St-Zip: MIAMI, FL 33173

Title: VPD () Delete
Name: RODRIGUEZ, RIGOBERTO M.D.
Address: 7400 N. KENDALL DRIVE #205
City-St-Zip: MIAMI, FL 33156

Title: PD () Delete
Name: USATEGUI, LYDIA M M.D.
Address: 8700 N. KENDALL DRIVE #201
City-St-Zip: MIAMI, FL 33176

Title: TR () Delete
Name: QUIRCH, LOURDES
Address: 7540 SW 52ND COURT
City-St-Zip: MIAMI, FL 33143

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: PD (X) Change () Addition
Name: USATEGUI, LYDIA M M.D.
Address: 1550 MADRUGA AVE #325
City-St-Zip: CORAL GABLES, FL 33146

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: ALFREDO MANRARA

SD

04/26/2009

Electronic Signature of Signing Officer or Director

Date