

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000107326

FILED
Jan 18, 2011
Secretary of State

Entity Name: WAKE-UP COUNSELING SERVICES FOUNDATION, INC.

Current Principal Place of Business:

8249 NW 36TH STREET
SUITE 117
DORAL, FL 33166

New Principal Place of Business:

Current Mailing Address:

8249 NW 36TH STREET
SUITE 117
DORAL, FL 33166

New Mailing Address:

FEI Number: 65-1056200

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GOMEZ, ANDREA OSORIO
8249 NW 36TH ST
SUITE 117
DORAL, FL 33166 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
Name: GOMEZ, MARIA P
Address: 8249 NW 36TH STREET STE 117
City-St-Zip: DORAL, FL 33166

Title: SD
Name: GOMEZ, ANDREA OSORIO
Address: 8249 NW 36TH ST STE 117
City-St-Zip: DORAL, FL 33166

Title: TD
Name: GOMEZ, DAVID OSORIO
Address: 8249 NW 36TH ST STE 117
City-St-Zip: DORAL, FL 33166

Title: VP
Name: GONZALEZ, MARIA C
Address: 8249 NW 36TH ST STE 117
City-St-Zip: DORAL, FL 33166

Title: MD
Name: PERDOMO, ARLES M.D.
Address: 8249 NW 36TH ST STE 117
City-St-Zip: DORAL, FL 33166

I hereby 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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MARIA P. GOMEZ

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01/18/2011

Electronic Signature of Signing Officer or Director

Date