## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000137634

Entity Name: LOMA LINDA MANAGEMENT CORP.

FILED Jan 15, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

16500 COLLINS AVE. 16100 EMERALD ESTATES DR

SUNNY ISLES BEACH, FL 33160 US #183

WESTON, FL 33331 US

Current Mailing Address: New Mailing Address:

9 ASHLAND DRIVE

MONTIVILLE, NJ 07045 US

FEI Number: 20-3597440 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

RESTREPO, CARLOS A
16500 COLLINS AVE.
SUNNY ISLES, FL 33160 US

RESTREPO, CARLOS A
16100 EMERALD ESTATES DR
#183

UNINT ISLES, FL 33160 US #163 WESTON, FL 33331 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: 01/15/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P ( ) Delete Title: P (X) Change ( ) Addition Name: RESTREPO, CARLOS A RESTREPO, CARLOS A

Address: 16500 COLLINS AVE.

City-St-Zip: SUNNY ISLES BEACH, FL 33160 US

Address: 16100 EMERALD ESTATES DR

City-St-Zip: WESTON, FL 33331 US

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

SIGNATURE: CARLOS RESTREPO P 01/15/2009