2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P06000031705

1. Entity Name
INMIGRACION AL RESCATE, INC.

FILED
07 APR -6 PM 2:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
215 SW 17TH AVENUE STE 215 MIAMI, FL 33135	215 SW 17TH AVENUE STE 215 MIAMI, FL 33135

04052007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
3130 SW 20 STREET	3130 SW 20 Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami Florida	City & State: Miami Florida
Zip: 33145 Country: U.S.A.	Zip: 33145 Country: U.S.A.

4. FEI Number — ☑ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

PAREDES, ANA C
215 SW 17TH AVENUE STE 215
MIAMI, FL 33135

7. Name and Address of New Registered Agent

Name: Ana Cristina Paredes
Street Address (P.O. Box Number is Not Acceptable): 3130 SW 20 STREET
City: Miami FL Zip Code: 33145

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: X Ana Cristina Paredes — 4/5/07
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	DP ☐ Delete	TITLE	change Address only ☑ Change ☐ Addition
NAME	PAREDES, ANA C	NAME	
STREET ADDRESS	215 SW 17TH AVENUE STE 215	STREET ADDRESS	3130 SW 20 STREET
CITY-ST-ZIP	MIAMI, FL 33135	CITY-ST-ZIP	Miami FLORIDA 33145
TITLE	DV ☒ Delete	TITLE	☐ Change ☐ Addition
NAME	CABEZAS, GRACIELA	NAME	100096384601
STREET ADDRESS	215 SW 17TH AVENUE STE 215	STREET ADDRESS	04/11/07--01005--023 **150.00
CITY-ST-ZIP	MIAMI, FL 33135	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: X Ana Cristina Paredes — 4-5-07 — 7866630264
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #