2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000156542

Title:

Name: Address:

City-St-Zip:

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GASPARD, JEÁN B

20310 NE 20 CT

MIAMI, FL 33179

Entity Name: IMMACULATE GROUP HOME INC,

FILED Mar 05, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 4010 SW 23 ST 4008 SW 23 ST HOLLYWOOD, FL 33023 HOLLYWOOD, FL 33023 **Current Mailing Address: New Mailing Address:** 123 NW 109 ST MIAMI, FL 33168 FEI Number: 33-1149312 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: BOBO, MARIE A 123 NW 109 ST MIAMI, FL 330168 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition BOBO, MARIE A Name: Name: 123 NW 109 ST Address: Address: City-St-Zip: MIAMI, FL 33168 City-St-Zip: Title: (X) Delete Title: () Change () Addition GASPARD, MIREILLE Name: Name: 20310 NE 20 CT Address: Address: MIAMI, FL 33179 City-St-Zip: City-St-Zip: Title: Title: () Delete () Change () Addition BOBO, HENRI L Name: Name: 6115 NW 186 ST APT 104 Address: Address: City-St-Zip: MIAMI, FL 33015 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: MARIE ASTRIDE BOBO P 03/05/2009

() Change () Addition