

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P30932

FILED
Apr 14, 2009
Secretary of State

Entity Name: FUNDACION NINOS DE LOS ANDES, INC.

Current Principal Place of Business:

3737 NW 25 ST
MIAMI, FL 33142

New Principal Place of Business:

Current Mailing Address:

1100 CHICKERING LAKE DR
ROSWELL, GA 300753275 US

New Mailing Address:

FEI Number: 65-0230929

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RAFAEL GONZALEZ
3737 NW 25 ST.
FUNDACION NINOS DE LOS ANDES
MIAMI, FL 33142 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: P () Delete
Name: JARAMILLO, JAIME
Address: CRA 20 BIS A 164-51
City-St-Zip: BOGOTA, COLUMBIA,

Title: D () Delete
Name: FERNANDEZ, PEDRO V.
Address: CR 20 BIS A NO. 164-51
City-St-Zip: BOGOTA, COLUMBIA,

Title: D () Delete
Name: ALVAREZ, LUIS FERNANDO
Address: CRA 20 BIS A NO. 164-51
City-St-Zip: BOGOTA, COLUMBIA,

Title: D () Delete
Name: LOBOGUERRERO, JAIME
Address: CR 20 BIS A NO. 164-51
City-St-Zip: BOGOTA, COLUMBIA,

Title: D () Delete
Name: GONZALEZ, RAFAEL
Address: 3737 NW 25TH ST
City-St-Zip: MIAMI, FL 33142

Title: D () Delete
Name: DE CASTRO, GLORIA
Address: 110 CHICKERING LAKE DRIVE
City-St-Zip: ROSWELL, GA 300753275

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: () Change () Addition
Name:
Address:
City-St-Zip:

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: JAIME JARAMILLO

P

04/14/2009

Electronic Signature of Signing Officer or Director

Date