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

SIGNATURE: CLAUDIO M PEREZ

Electronic Signature of Signing Officer/Director Detail

22790 SW 112 AVE MIAMI, FL 33170

Current Principal Place of Business:

Current Mailing Address:

DOCUMENT# N0700008564

22790 SW 112 AVE MIAMI. FL 33170

FEI Number: 26-1949075

Name and Address of Current Registered Agent:

HERNANDEZ, SANDRA 22790 SW 112 AVE MIAMI, FL 33170 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

Officer/Director Detail :

Title	D	Title	D
Name	HERNANDEZ, JOSE EDR	Name	PEREZ, CLAUDIO MDR
Address	22790 SW 112 AVE	Address	22790 SW 112 AVE
City-State-Zip:	MIAMI FL 33170	City-State-Zip:	MIAMI FL 33170

DIRECTOR

Entity Name: AGAPE NETWORK FOUNDATION INC

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

Feb 08, 2013 Secretary of State CC3120062528

FILED

Certificate of Status Desired: No

02/08/2013

Date

Date