

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Jul 29, 2009  
Secretary of State**

DOCUMENT# F08000004913

Entity Name: ASOCIACION 'LAS SIERVAS DE NUESTRA SENORA DE FATIMA', INCORPORATED

**Current Principal Place of Business:**

URBANIZACION SANTA MARIA 2  
CALLE B #162  
SANTIAGO DE SURCO, LIMA-PERU,

**New Principal Place of Business:**

URBANIZACION SANTA MARIA 2  
CALLE B #162  
SANTIAGO DE SURCO, LIMA-PERU, PE PE

**Current Mailing Address:**

7079 IVY CROSSING LANE  
BOYNTON BEACH, FL 33436

**New Mailing Address:**

FEI Number: 26-4764770      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

ARRIETA, JOHN  
7079 IVY CROSSING LANE  
BOYNTON BEACH, FL 33436      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: MAZA DE ARRIETA, CONSUELO M  
Address: URBANIZACION SANTA MARIA 2, CALLE #162  
City-St-Zip: SANTIAGO DE SURCO, LIMA-PERU,

Title: V      ( ) Delete  
Name: SILVA SANTISTEBAN, ANGELICA  
Address: CALLE KONTIKI #210, SOL DE LE MOLINA  
City-St-Zip: TERCERA ETAPA-LA MONLINA, LI,

Title: S      ( ) Delete  
Name: DE MAR DE ARTETA, ROSA L  
Address: EL MOLLE #170, DEPARTAMENTO #103  
City-St-Zip: URBANIZACION CIRIUS-LA MOLIN,

Title: T      ( ) Delete  
Name: LEON LOCARICH, MARIA T  
Address: BOTTGER #173  
City-St-Zip: SAN BORJA, LIMA-PERU,

**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:

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: CONSUELO MAZA DE ARRIETA

P

07/29/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date