


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2008 8:00 am
Secretary of State

04-14-2008 90046 002 ****61.25

DOCUMENT # 731049

1. Entity Name
COLOMBIAN VOLUNTEER LADIES, INCORPORATED



Principal Place of Business
**C/O GLORIA V. QUINTERO
 7050 SW 107TH STREET
 MIAMI, FL 33156 US**

Mailing Address
**C/O GLORIA V. QUINTERO
 7050 SW 107TH STREET
 MIAMI, FL 33156 US**

40067899



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

04112008 Chg-NP CR2E037 (12/06)

City & State

4. FEI Number
51-0154982

Applied For
 Not Applicable

Zip Country

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

6. Name and Address of Current Registered Agent

**FERNANDEZ, RAFAEL J CPA
 10737 S 104 STREET
 MIAMI, FL 33176**

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee Is \$61.25
 Due by May 1, 2008**

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

**Make check payable to
 Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** Delete
 NAME **QUINTERO, GLORIA V.**
 STREET ADDRESS **7050 SW 107TH STREET**
 CITY-ST-ZIP **MMIAMI, FL 33156**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **TD** Delete
 NAME **MARTIN, FRIDA**
 STREET ADDRESS **315 WOODCREST RD.**
 CITY-ST-ZIP **KEY BISCAYNE, FL 33149**

TITLE Change Addition
 NAME **T.D. MARIA T. FABRE**
 STREET ADDRESS **9405 SW 91 STREET**
 CITY-ST-ZIP **MIAMI, FL 33176**

TITLE **S** Delete
 NAME **ELIZABETH, GOMEZ**
 STREET ADDRESS **150 S.E. APT 9B**
 CITY-ST-ZIP **MIAMI, FL 33129**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VPD** Delete
 NAME **GOMEZ, GLADYS**
 STREET ADDRESS **11640 SW 70TH AVE**
 CITY-ST-ZIP **MIAMI, FL 33156**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 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 617, 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: *Gloria V. Quintero* **Gloria V. Quintero** *April 11/08* **305-662-4252**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #