

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000004181

FILED  
Apr 08, 2009  
Secretary of State

Entity Name: CLARITA FILGUEIRAS-FLAMENCO PURO, INC.

## Current Principal Place of Business:

16 MARABELLA AVE  
CORAL GABLES, FL 33134

## New Principal Place of Business:

## Current Mailing Address:

16 MARABELLA AVE  
CORAL GABLES, FL 33134

## New Mailing Address:

FEI Number: 30-0147323

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

FILGUEIRAS, CLARA  
16 MARABELLA AVE  
CORAL GABLES, FL 33134 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: PD ( ) Delete  
Name: MAY, FRANK R  
Address: 122 CAMILO AVE.  
City-St-Zip: CORAL GABLES, FL 33134

Title: VPD ( ) Delete  
Name: CUSTIN, DAVID  
Address: 6401 /SW 113 PL.  
City-St-Zip: MIAMI, FL 33173

Title: TD ( ) Delete  
Name: AVINO, NEISY  
Address: 1625 SW 18TH STREET  
City-St-Zip: MIAMI, FL 33145

Title: SD ( ) Delete  
Name: PRADA, CAROLINA  
Address: 4281 WEST WHITEWATER  
City-St-Zip: WESTON, FL 33332

Title: D ( ) Delete  
Name: LLEVADA, YASMIN  
Address: 7925 NW 12 ST. SUITE 201  
City-St-Zip: MIAMI, FL 33126 10

Title: D ( ) Delete  
Name: JACOBS, CYNTHIA  
Address: 1040 W 47 ST.  
City-St-Zip: MIAMI BEACH, FL 33140

## 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: D (X) Change ( ) Addition  
Name: ALMAGUER, BELEN  
Address: 5939 SW 22 ST  
City-St-Zip: MIAMI, FL 33155

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: CLARA FILGUEIRAS

AD

04/08/2009

Electronic Signature of Signing Officer or Director

Date