


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT


FILED
Jan 11, 2008 08:00 AM
Secretary of State

DOCUMENT # N05000012450
 1. Entity Name
 COMITE DE AYUDA A LA DISIDENCIA 2506, INC.



Principal Place of Business 9920 W. 22ND STREET MIAMI, FL 33165 US	Mailing Address P.O. BOX 43-1406 MIAMI, FL 33243 US
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DO NOT WRITE IN THIS SPACE



01082008 No Chg-NP CR2E037 (4/06)

4. FEI Number 76-0817713	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BERTOT, RAMIRO R
 9920 S.W. 22ND STREET
 MIAMI, FL 33165

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

Filing Fee is \$61.25
Due by May 1, 2008

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

000000779896
 01/11/08-80055-018 70.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LOPEZ DE LA CRUZ, JOHNNY 7016 SW 69TH AVE. MIAMI, FL 33143
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BELLO, LUIS ESQ 8541 SW 33RD TERR. MIAMI, FL 33155
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PORTUONDO, JULIO 8441 SW 78TH STREET MIAMI, FL 33143
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BERTOT, RAMIRO R 9920 S W 22ND STREET MIAMI, FL 33165
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ZAYAS-BAZAN, EDUARDO DR 7540 SW 52ND CT MIAMI, FL 33143
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARTINEZ-MALO, MARIO P.O. BOX 431995 MIAMI, FL 332431995

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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: J. Lopez **J. LOPEZ DE LA CRUZ** 1/08/2008 (305)989-5721
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #