

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000002042

FILED  
Apr 28, 2008  
Secretary of State

**Entity Name:** TREASURE COAST IMMIGRANT LEGAL SERVICES INC.

**Current Principal Place of Business:**

215 N 2ND STREET  
FT PIERCE, FL 34950

**New Principal Place of Business:**

**Current Mailing Address:**

2655 LE JEUNE ROAD  
1001  
CORAL GABLES, FL 33134

**New Mailing Address:**

**FEI Number:** 20-4396779

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MACDONNELL, ROWAN  
5450 NW 107 AVE #712  
MIAMI, FL 33178 US

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

FILIPINAS, CYRIL  
2655 LE JEUNE ROAD, #1001  
CORAL GABLES, FL 33134 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: GLORIA ROA BODIN

04/28/2008

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: BODIN, GLORIA R  
Address: 2655 LE JEUNE RD  
City-St-Zip: CORAL GABLES, FL 33134

Title: D ( ) Delete  
Name: BODIN, ERIC A  
Address: 2655 LEJEUNE RD  
City-St-Zip: CORAL GABLES, FL 33134

Title: D ( ) Delete  
Name: BENITEZ, JACKIE  
Address: 15464 SW 171 ST  
City-St-Zip: MIAMI, FL 33187

**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:

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: GLORIA ROA BODIN

PRES

04/28/2008

Electronic Signature of Signing Officer or Director

Date