


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2008 8:00 am
Secretary of State

04-24-2008 90113 028 ****61.25

DOCUMENT # N07000001322			
1. Entity Name ASOCIACION MEXICANA DEL NORESTE DE FLORIDA, INC.			
Principal Place of Business 10732 LIPPIZAN DR JACKSONVILLE, FL 32257		Mailing Address 10732 LIPPIZAN DR JACKSONVILLE, FL 32257	
2. Principal Place of Business - No P.O. Box # 1275 Talbot Avenue Suite, Apt. #, etc.		3. Mailing Address 1275 Talbot Avenue Suite, Apt. #, etc.	
City & State Jacksonville, FL		City & State Jacksonville, FL	
Zip 32205	Country Duvai	Zip 32205	Country Duvai
4. FEI Number 20-8405873		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MEDELLIN, TERESA 10732 LIPPIZAN DR JACKSONVILLE, FL 32257		7. Name and Address of New Registered Agent Name: Claudia Romero Street Address (P.O. Box Number is Not Acceptable) 3502 EVE DRIVE EAST City: Jacksonville, FL Zip Code: 32246	
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: <i>Claudia Romero</i> DATE: 04/16/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 NAME STREET ADDRESS CITY-ST-ZIP	PD MEDELLIN, TERESA 10732 LIPPIZAN DR JACKSONVILLE, FL 32257 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD ARELLANO, YOLANDA 7705 MONTETTA DR JACKSONVILLE, FL 32277 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D Arellano, Yolanda 7705 Montetta Drive Jacksonville, FL 32277 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ROMERO, CLAUDIA 3502 EVE DR EAST JACKSONVILLE, FL 32246 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D Romero, Claudia 3502 EVE Drive East Jacksonville, FL 32246 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MICHALOWSKI, ANAHI 2728 THORNWOOD LN JACKSONVILLE, FL 32207 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/T/D Michalowski, Anahi 1275 Talbot Avenue Jacksonville, FL 32205 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	O ZUNIGA, GERARDO 8433 SOUTHSIDE BLVD - # 1314 JACKSONVILLE, FL 32256 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>Claudia Romero</i>		DATE: 04/16/08	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	