
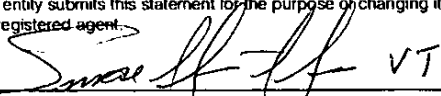
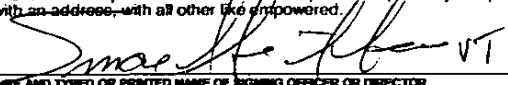


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2008 8:00 am
Secretary of State

02-25-2008 90036 048 ****61.25

DOCUMENT # N08848							
1. Entity Name LOS FLORIDANOS SOCIAL CLUB, INC.							
Principal Place of Business 600 WEST 29TH ST %LOS FLORIDANOS S.C. HIALEAH, FL 33012			Mailing Address 17001 NE 6 CT MIAMI, FL 33162				
2. Principal Place of Business - No P.O. Box #			3. Mailing Address				
Suite, Apt. #, etc.			Suite, Apt. #, etc.				
City & State			City & State				
Zip		Country	Zip		Country		
4. FEI Number NOT APPLICABLE				Applied For <input checked="" 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			7. Name and Address of New Registered Agent				
ALONSO-IMBACHI, SUSAN 17001 NE 6 CT MIAMI, FL 33162			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  VT			DATE 2/20/08				
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	PD	<input type="checkbox"/> Delete		TITLE	PD		
NAME	DIAZ, FRANCISCO			NAME	Enrique Santamaria		
STREET ADDRESS	1961 SW 33 AVE			STREET ADDRESS	4525 W 20 AVE Unit 429-C		
CITY-ST-ZIP	MIAMI, FL 33145			CITY-ST-ZIP	Hialeah FL 33012		
TITLE	VP	<input type="checkbox"/> Delete		TITLE			
NAME	IMBACHI, JESUS D			NAME			
STREET ADDRESS	17001 NE 6 CT			STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FL 33162			CITY-ST-ZIP			
TITLE	VS	<input type="checkbox"/> Delete		TITLE			
NAME	ALONSO, JORGE			NAME			
STREET ADDRESS	.1200 SW 130 AVE 0112			STREET ADDRESS			
CITY-ST-ZIP	PEMBROOKE PINES, FL 33027			CITY-ST-ZIP			
TITLE	SD	<input type="checkbox"/> Delete		TITLE			
NAME	DACAL, JOSE			NAME			
STREET ADDRESS	12950 SW 7 CT A-103			STREET ADDRESS			
CITY-ST-ZIP	PEMBROKE PINES, FL 33027			CITY-ST-ZIP			
TITLE	VT	<input type="checkbox"/> Delete		TITLE	TD		
NAME	REYES, ALBERTO M			NAME			
STREET ADDRESS	901 SW 141 AVE 308			STREET ADDRESS			
CITY-ST-ZIP	HOLLYWOOD, FL 33027			CITY-ST-ZIP			
TITLE	TD	<input type="checkbox"/> Delete		TITLE	VT		
NAME	ALONSO-IMBACHI, SUSAN			NAME			
STREET ADDRESS	17001 NE 6 CT			STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FL 33162			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:  VT				DATE: 2/20/08			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #: 305-653-8909			