2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000003664

FILED Mar 29, 2008 Secretary of State

Entity Name: FLORIDA IMMIGRANT ADVOCACY CENTER, INC.

Current Principal Place of Business: New Principal Place of Business: 3000 BISCAYNE BLVD #400 MIAMI, FL 331374129 US **New Mailing Address: Current Mailing Address:** 3000 BISCAYNE BLVD 3000 BISCAYNE BLVD #400 #400 MIAMI, FL 331374129 MIAMI, FL 331374129 US FEI Number: 65-0610872 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: WRIGHT, GAIL E 3000 BISCAYNE BLVD. SUITE 400 MIAMI, FL 331374129 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change () Addition () Delete PRADO, ANTONIO PRADO, ANTONIO Name: Name: 6405 SW 50TH STREET Address: 6405 SW 50TH STREET Address: City-St-Zip: MIAMI, FL 33155 City-St-Zip: MIAMI, FL 33155 US Title: SD Title: SD (X) Change () Addition () Delete GOLDFARB, CARL Name: HERRON, JANE Name: Address: **3670 SW 19TH STREET** Address: 5342 FISHER ISLAND DRIVE City-St-Zip: MIAMI, FL 33145 City-St-Zip: FISHER ISLAND, FL 33109 US Title: () Delete Title: (X) Change () Addition MARTINEZ, CARLOS AUDAIN ALLEN, NANCY Name: Name: Address: 1320 NW 14TH STREET Address: 11205 S. DIXIE HWY. #101 City-St-Zip: MIAMI, FL 33125 City-St-Zip: MIAMI, FL 33156 US (X) Change () Addition Title: VD () Delete Title: VD DELEON, JOHN Name: GILBERT GOULD, JUDY Name: 5975 SUNSET DRIVE #605 4200 BISCAYNE BLVD. Address: Address: MIAMI, FL 33137 City-St-Zip: City-St-Zip: SOUTH MIAMI, FL 33143 US Title: () Delete Title: () Change (X) Addition LITTLE, CHERYL Name: Name: 3000 BISCAYNE BLVD. #400 Address: Address: City-St-Zip: City-St-Zip: MIAMI, FL 33137 US Title: () Delete Title: () Change (X) Addition WRIGHT, GAIL Name: Name: Address: Address: 3000 BISCAYNE BLVD. #400 MIAMI, FL 33137 US City-St-Zip: 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: GAIL E. WRIGHT DFA 03/29/2008