

2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Jul 19, 2008
Secretary of State

DOCUMENT# N95000003664

Entity Name: FLORIDA IMMIGRANT ADVOCACY CENTER, INC.**Current Principal Place of Business:**3000 BISCAYNE BLVD
#400
MIAMI, FL 331374129 US**New Principal Place of Business:****Current Mailing Address:**3000 BISCAYNE BLVD
#400
MIAMI, FL 331374129 US**New Mailing Address:****FEI Number:** 65-0610872 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()****Name and Address of Current Registered Agent:**WRIGHT, GAIL E
3000 BISCAYNE BLVD.
SUITE 400
MIAMI, FL 331374129 US**Name and Address of New Registered Agent:**

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:

Title: PD () Delete
Name: PRADO, ANTONIO
Address: 6405 SW 50TH STREET
City-St-Zip: MIAMI, FL 33155 US

Title: SD () Delete
Name: HERRON, JANE
Address: 5342 FISHER ISLAND DRIVE
City-St-Zip: FISHER ISLAND, FL 33109 US

Title: TD () Delete
Name: AUDAIN ALLEN, NANCY
Address: 11205 S. DIXIE HWY. #101
City-St-Zip: MIAMI, FL 33156 US

Title: VD () Delete
Name: DELEON, JOHN
Address: 5975 SUNSET DRIVE #605
City-St-Zip: SOUTH MIAMI, FL 33143 US

Title: ED () Delete
Name: LITTLE, CHERYL
Address: 3000 BISCAYNE BLVD. #400
City-St-Zip: MIAMI, FL 33137 US

Title: DFA () Delete
Name: WRIGHT, GAIL
Address: 3000 BISCAYNE BLVD. #400
City-St-Zip: MIAMI, FL 33137 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: GOLDFARB, CARL
Address: 3670 SW 19TH STREET
City-St-Zip: MIAMI, FL 33145 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: GAIL E. WRIGHT

DFA

07/19/2008

Electronic Signature of Signing Officer or Director

Date