2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 10, 2009
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 (X)**

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:	GOLDFARB, CARL	
Address:	3670 SW 19TH STREET	
City-St-Zip:	MIAMI, FL 33145 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:	( ) 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:	
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 02/10/2009

Electronic Signature of Signing Officer or Director — Date