2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000005434

FILED Feb 16, 2007 Secretary of State

Entity Name: CAPITULO EPSILON COLUMBIA BORIQUEN, INC.

Current Principal Place of Business:		New Principal Plac	New Principal Place of Business:	
	MER PLACE FL 33332	US		
Current M	lailing Addre	ess:	New Mailing Addre	ss:
	MER PLACE FL 33332	US		
El Number	: 65-0624776	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()
lame and	Address of	Current Registered Agent:	Name and Address	of New Registered Agent:
	FAEL A MER PLACE FL 33332	US		
'ha ahawa	named antity	submits this statement for the	nurnaca of changing its register	rad office or registered agent, or both
	named entity of Florida	submits this statement for the	purpose of changing its register	red office or registered agent, or both,
n the State	e of Florida.	submits this statement for the	purpose of changing its register	red office or registered agent, or both,
the State	e of Florida. RE:	r submits this statement for the		red office or registered agent, or both, Date
n the State	e of Florida. RE:	onic Signature of Registered Ag	ent	
n the State	e of Florida. RE: Electro S AND DIREC	onic Signature of Registered Ag CTORS:) Delete EL R PL	ent	Date
n the State IGNATUF PFFICER: itle: ame: ddress:	e of Florida. RE: Electro S AND DIRECT DT (PONS, RAFAE 2678 PALMER WESTON, FL DS (DUQUESNE, I	onic Signature of Registered Age CTORS:) Delete EL R PL 33332) Delete PEDRO J OTH TERRACE	ent ADDITIONS/CHANG Title: Name: Address:	Date GES TO OFFICERS AND DIRECTOR
n the State CIGNATUR CIFFICERS ittle: ame: ddress: ity-St-Zip: ittle: ame: ddress:	Electrons RE: Electrons S AND DIRECT DT (PONS, RAFAE 2678 PALMER WESTON, FL DS (DUQUESNE, 11944 SW 10 MIAMI, FL 33	onic Signature of Registered Age CTORS:) Delete EL R PL 33332) Delete PEDRO J OTH TERRACE 186) Delete	ent ADDITIONS/CHANG Title: Name: Address: City-St-Zip: Title: Name: Address:	Date GES TO OFFICERS AND DIRECTOR () Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the 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: RAFAEL PONS DT 02/16/2007