

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000006486

FILED  
Mar 26, 2009  
Secretary of State

**Entity Name:** COLOMBIAN AMERICAN COALITION OF FLORIDA, INC.

**Current Principal Place of Business:**

15821 SW 103 LANE  
MIAMI, FL 33196 US

**New Principal Place of Business:**

**Current Mailing Address:**

15821 SW 103 LANE  
MIAMI, FL 33196 US

**New Mailing Address:**

**FEI Number:** 65-0716556

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CASTILLO, JOSE LUIS P  
15821 SW 103 LANE  
MIAMI, FL 33196 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: P ( ) Delete  
Name: CASTILLO, JOSE LUIS  
Address: 15821 SW 103 LANE  
City-St-Zip: MIAMI, FL 33196

Title: VP ( ) Delete  
Name: SANTAMARIA, ALFREDO  
Address: 16251 SW 43 TERRACE  
City-St-Zip: MIAMI, FL 33185

Title: T ( ) Delete  
Name: ARAUJO, MARINA  
Address: 221 BIRD ROAD  
City-St-Zip: CORAL GABLES, FL 33146

Title: S ( ) Delete  
Name: HINCAPIE, NELSON  
Address: 801 BRICKELL KEY BLVD # 3309  
City-St-Zip: MIAMI, FL 33109

**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:

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: JOSE LUIS CASTILLO

P

03/26/2009

Electronic Signature of Signing Officer or Director

Date