2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2008 8:00 am
Secretary of State
03-10-2008 90071 042 ****61.25

DOCUMENT # N97000003487

1. Entity Name
SIGMA PHI EPSILON FLORIDA NU CHAPTER ALUMNI ASSOCIATION, INC.

Principal Place of Business	Mailing Address
C/O ALEX PERDOMO 10475 SW 22 STREET MIAMI, FL 33165 US	C/O ALEX PERDOMO 10475 SW 22 STREET MIAMI, FL 33165 US

03062008 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
c/o David Diaz	c/o David Diaz
Suite, Apt. #, etc. 711 NW 205 Ave	Suite, Apt. #, etc. 711 NW205 Ave
City & State Pembroke Pines, FL	City & State Pembroke Pines, FL
Zip 33029 Country USA	Zip 33029 Country USA

4. FEI Number 65-0765057 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
PERDOMO, ALEX 10475 SW 22 STREET MIAMI, FL 33165	Name: David Diaz Street Address (P.O. Box Number is Not Acceptable): 711 NW 205 Avenue City: Pembroke Pines FL Zip Code: 33029

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: David B. Diz 03/06/2008
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DX PERDOMO, ALEX 10475 SW 22 STREET MIAMI, FL 331657911	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Eric M. Jimenez 4556 SW 149 Ct Miami, FL 33185-4310	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV PEÑA, FRANK 335 SOUTH BISCAYNE #1007 MIAMI, FL 33131	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP Miguel Orozco 7731 SW 57 Ave #4 Miami, FL 33143	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MOLINA, JUAN 5300 WREN AVE MIAMI SPRINGS, FL 33166	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS Marco A. Suarez 509 Pinecrest Drive Miami Springs, FL 33166	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DX DUARTE, RODRIGO 1098 SW 137 PLACE MIAMI, FL 33184	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Tom Jelke 2403 South Miami Avenue Miami, FL	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DX SEAN, GAZITUA P 6217 PARADISE POINT DRIVE MIAMI, FL 33157	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Mike Hernandez 15249 SW 24 Street Miami, FL 33185	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT DIAZ, DAVID 10776 NW 84 LANE UNIT 7 DORAL, FL 33178	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Fran Oses 365 Lafayette Drive Miami Springs, FL 33166	☐ Change ☒ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Miguel Orozco 3/5/08 (786) 255 4739
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #