


FILED
Jul 17, 2008 8:00 am
Secretary of State

40111301



DOCUMENT # N07000003114		07-17-2008 90061 050 ****61.25	
1. Entity Name L.A.M.A. HOMESTEAD CHAPTER, INC.			
Principal Place of Business 12975 SOUTHWEST 112TH STREET MIAMI, FL 33186		Mailing Address 12975 SOUTHWEST 112TH STREET MIAMI, FL 33186	
2. Principal Place of Business - No P.O. Box # 15528 SW 138 PL Suite, Apt. #, etc.		3. Mailing Address 15528 SW 138 PL Suite, Apt. #, etc.	
City & State Miami FL Zip 33177 Country USA		City & State Miami FL Zip 33177 Country USA	
4. FEI Number 42-1726424		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SPEIGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ 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. <input type="checkbox"/> \$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 DST ALJURE, EDUARDO A 12975 SOUTHWEST 112TH STREET MIAMI, FL 33186 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP DST Victor M. Niño 15528 SW 138 Place MIAMI, FL 33177 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP DP FERIA, JAIRO 12975 SOUTHWEST 112TH STREET MIAMI, FL 33186 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP 15528 SW 138 Place Miami, FL 33177 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP DV SENFAR, JOE 12975 SOUTHWEST 112TH STREET MIAMI, FL 33186 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP 15528 SW 138 Place Miami FL 33177 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP <input type="checkbox"/> Change <input type="checkbox"/> 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: _____ Signature and typed or printed name of signing officer or director		4-20-08 Date Daytime Phone #	