

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000001756

FILED
Apr 16, 2009
Secretary of State

Entity Name: COLOMBIAN AMERICAN BAR ASSOCIATION, INC.

Current Principal Place of Business:

2565 SW 27 AVENUE
SUITE 1
COCONUT GROVE, FL 33133 US

New Principal Place of Business:

Current Mailing Address:

2565 SW 27 AVENUE
SUITE 1
COCONUT GROVE, FL 33133 US

New Mailing Address:

FEI Number: 65-0573583 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

SALLATO, MARIA TERESA
9990 S.W. 77TH AVE., #311
MIAMI, FL 33156 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: D () Delete
Name: ROJAS, MARCO
Address: 520 BRICKELL KEY DRIVE, #O-305
City-St-Zip: MIAMI, FL 33131

Title: D () Delete
Name: REYNOSO, WALTER
Address: 2937 SW 27TH AVENUE, #107
City-St-Zip: COCONUT GROVE, FL 33133

Title: DT () Delete
Name: SALLATO, MARIA T
Address: 9990 SW 77 AVE #311
City-St-Zip: MIAMI, FL 33156

Title: DS () Delete
Name: WOODBRIDGE, FREDERICK JR
Address: 7700 N KENDALL DRIVE, #809
City-St-Zip: MIAMI, FL 33156

Title: PD () Delete
Name: VILAR, PATRICK
Address: 999 PONCE DE LEON BLVD., PH 1120
City-St-Zip: CORAL GABLES, FL 33134

Title: P () Delete
Name: VELEZ-FELFLE, SANDRA
Address: 2565 S.W. 27TH AVE, STE A
City-St-Zip: MIAMI, FL 33133

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
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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: MARIA TERESA SALLATO

TREA

04/16/2009

Electronic Signature of Signing Officer or Director

Date