

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N31133

**Entity Name:** COLOMBIAN-AMERICAN ASSOCIATION OF FLORIDA INC.

**Current Principal Place of Business:**

4255 WEST HUMPHREY STREET  
UNIT 313  
TAMPA, FL 33614

**Current Mailing Address:**

PO BOX 152457  
TAMPA, FL 33684 US

**FEI Number:** 59-2940241

**Certificate of Status Desired:** No

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

DELACRUZ, ELEUTERIO  
4255 WEST HUMPHREY ST  
UNIT 313  
TAMPA, FL 33614 US

*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

**Officer/Director Detail :**

Title D  
Name JARAMILLO, MARIA P  
Address 1707 HAMMOCK PINE BLVD  
City-State-Zip: CLEARWATER FL 33761

Title D  
Name BALLESTAS, ENRIQUE E  
Address 3165 SPOONBILL CT.  
City-State-Zip: CLEARWATER FL 33762

Title D  
Name DURAN, MARLENE  
Address 14116 EASTLAND LANE  
City-State-Zip: TAMPA FL 33625

Title D  
Name CHAVEZ, GUSTAVO  
Address 10931 AIRVIEW DRIVE  
City-State-Zip: TAMPA FL 33625

Title D  
Name DELACRUZ, ELEUTERIO J  
Address 4255 WEST HUMPHREY STREET  
City-State-Zip: TAMPA FL 33614

*I hereby 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 all other like empowered.*

**SIGNATURE: ELEUTERIO DELACRUZ**

**AGENT**

**05/08/2013**

Electronic Signature of Signing Officer/Director Detail

Date