

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 15, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 707099</b>	
1. Entity Name MIAMI FRATERNAL ORDER OF POLICE, LODGE NO. 20, INC.	
Principal Place of Business 710 SW 12TH AVE MIAMI, FL 33130 US	Mailing Address 710 SW 12TH AVE MIAMI, FL 33130 US



02052008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-0199550	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  AGUILAR, ARMANDO 710 SW 12TH AVE MIAMI, FL 33130	<b>DO NOT WRITE IN THIS SPACE</b>
---	-----------------------------------

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. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V AVILA, CARLOS 710 SOUTHWEST 12 AVENUE MIAMI, FL 33130
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P AGUILAR, ARMANDO 710 SW 12 AVE MIAMI, FL 33130
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CASANOVOS, FRANK 710 SW 12 AVE MIAMI, FL 33130
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LOZANO, SALVADOR 710 SW 12 AVE MIAMI, FL 33130
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ORTIZ, JOYIER 710 SW 12008 MIAMI, FL 33130
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SCAROLA, WILLIAM 710 SW 12 AVE MIAMI, FL 33130

U000000830177  
02/26/08-80073-006 61.25

**DO NOT WRITE  
IN THIS SPACE**

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

William Scarola

Treasurer (305) 854 5019.

Date

Daytime Phone #