2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2009
Secretary of State

DOCUMENT# 712501

Entity Name: ASSOCIATION OF SONS AND RESIDENTS OF THE CITY OF CARDENAS IN EXILE, INC.

Current Principal Place of Business:

4600 NW 7 ST
MIAMI, FL 33126

New Principal Place of Business:

Current Mailing Address:

PO BOX #35-1041
MIAMI, FL 33135

New Mailing Address:

FEI Number: 65-0192993 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

COBO-TORANZA, FRANK
590 NW 126TH ST.
MIAMI, FL 33168 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:	VPD	( ) Delete
Name:	OSIEL, GOZALEZ	
Address:	1163 SW 18TH ST	
City-St-Zip:	MIAMI, FL 33129	
Title:	PD	( ) Delete
Name:	COBO-TORANZO, FRANK	
Address:	590 NW 126TH ST.	
City-St-Zip:	NORTH MIAMI, FL 33168	
Title:	VPD	( ) Delete
Name:	LOPEZ, NICOLAS	
Address:	1202 SW 78TH AVE	
City-St-Zip:	MIAMI, FL 33144	
Title:	SD	( ) Delete
Name:	GARMA-GARCIA, TERESITA	
Address:	708 VILLABELLA AVE	
City-St-Zip:	CORAL GABLES, FL 33146	
Title:	T	( ) Delete
Name:	TELLA, JOSE A	
Address:	9350 FONTAINEBLEAU BLVD #502	
City-St-Zip:	MIAMI, FL 33172	
Title:	T	( ) Delete
Name:	PEREZ, DOMINGO R	
Address:	12900 SW 6TH STREET	
City-St-Zip:	MIAMI, FL 33184	

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
Name:	
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: JOSE A. TELLA T 02/06/2009

Electronic Signature of Signing Officer or Director — Date