2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2008 08:00 AM
Secretary of State

DOCUMENT # 723621

1. Entity Name
SOCIEDAD INTERNACIONAL DE RADIO AFICIONADOS, INC.

Principal Place of Business
P O BOX 22442
HIALEAH, FL 33002 US

Mailing Address
P O BOX 22442
HIALEAH, FL 33002 US

01042008 No Chg-NP CR2E037 (4/06)

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4. FEI Number
59-2346161
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

ESTE'VEZ, RAFAEL M.
5835 W 14 COURT
HIALEAH, FL 33012

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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	DP
NAME	ESTEVEZ, RAFAEL M.
STREET ADDRESS	5835 W 14 COURT
CITY-ST-ZIP	HIALEAH, FL 33012
TITLE	D
NAME	JAIME, MARY B
STREET ADDRESS	141 NE 20TH ST
CITY-ST-ZIP	MIAMI, FL
TITLE	SD
NAME	JAIME, SEBASTIAN E.
STREET ADDRESS	137 NE 20TH ST.
CITY-ST-ZIP	MIAMI, FL
TITLE	D
NAME	ESTEVEZ, MARTA
STREET ADDRESS	5835 W 14 COURT
CITY-ST-ZIP	HIALEAH, FL 33012
TITLE	TD
NAME	ESTEVEZ, MARTA
STREET ADDRESS	5835 W 14 COURT
CITY-ST-ZIP	HIALEAH, FL 33012
TITLE	D
NAME	COUTIN, MARIA
STREET ADDRESS	6045 NW 3RD STREET
CITY-ST-ZIP	MIAMI, FL

U00000789458
01/22/08-80025-022 61.25

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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: (RAFAEL M. ESTEVEZ) 01/11/08 (305) 822-1688
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #