


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
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01042008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2346161	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**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	DP ESTEVEZ, RAFAEL M. 5835 W 14 COURT HIALEAH, FL 33012
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JAIME, MARY B 141 NE 20TH ST MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD JAIME, SEBASTIAN E. 137 NE 20TH ST. MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ESTEVEZ, MARTA 5835 W 14 COURT HIALEAH, FL 33012
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ESTEVEZ, MARTA 5835 W 14 COURT HIALEAH, FL 33012
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COUTIN, MARIA 6045 NW 3RD STREET 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 (RAFAEL M. ESTEVEZ) 01/14/08 (305) 822-1688
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #