

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 723621

FILED
Feb 16, 2009
Secretary of State

Entity Name: SOCIEDAD INTERNACIONAL DE RADIO AFICIONADOS, INC.

Current Principal Place of Business:

P O BOX 22442
HIALEAH, FL 33002 US

New Principal Place of Business:

5835 WEST 14TH COURT
HIALEAH, FL 33012 US

Current Mailing Address:

P O BOX 22442
HIALEAH, FL 33002 US

New Mailing Address:

FEI Number: 59-2346161 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ESTEVEZ, RAFAEL M.
5835 W 14 COURT
HIALEAH, FL 33012 US

Name and Address of New Registered Agent:

ESTEVEZ, RAFAEL M.
5835 W 14 COURT
HIALEAH, FL 33012 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: RAFAEL M. ESTEVEZ 02/16/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: ESTEVEZ, RAFAEL M.
Address: 5835 W 14 COURT
City-St-Zip: HIALEAH, FL 33012

Title: D () Delete
Name: JAIME, MARY B
Address: 141 NE 20TH ST
City-St-Zip: MIAMI, FL

Title: SD () Delete
Name: JAIME, SEBASTIAN E.,
Address: 137 NE 20TH ST.
City-St-Zip: MIAMI, FL

Title: D () Delete
Name: ESTEVEZ, MARTA,
Address: 5835 W 14 COURT
City-St-Zip: HIALEAH, FL 33012

Title: TD () Delete
Name: ESTEVEZ, MARTA
Address: 5835 W 14 COURT
City-St-Zip: HIALEAH, FL 33012

Title: D () Delete
Name: COUTIN, MARIA,
Address: 6045 NW 3RD STREET
City-St-Zip: MIAMI, FL

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
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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: RAFAEL M. ESTEVEZ PRES 02/16/2009
Electronic Signature of Signing Officer or Director Date