


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90406 008 ****61.25

DOCUMENT # 740742 1. Entity Name ASOCIACION BORINQUENA DE FLORIDA CENTRAL INC.					
Principal Place of Business 1865 ECONLOCKHATCHEE TR. ORLANDO, FL 32817			Mailing Address PO BOX 677065 ORLANDO, FL 32867-7065		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip		City & State Zip		4. FEI Number 59-1879638	
Country		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GOMEZ, LUIS F 1360-12 N. GOLDENROD ROAD ORLANDO, FL 32807			7. Name and Address of New Registered Agent Name LUIS E SUAREZ Street Address (P.O. Box Number is Not Acceptable) 938 KERWOOD CIR. City Oviedo FL 32765		
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 Luis E. Suarez <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE 4/24/2008 <small>(NOTE: Registered Agent signature required when reinstating)</small>	
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SUAREZ, LUIS E 938 KERWOOD CIR OVIEDO, FL 32765		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD DIAZ, JUAN C 10 CORNWALL CT CASSELBERRY, FL 32707		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S JIMENEZ, NELLIE 3009 BAY LAUREL CR KISSIMMEE, FL 34744		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MALDONADO, ALBERTO 752 RIVERBOAT CIR ORLANDO, FL 32828		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HERNANDEZ, JESUS 951 JADESTONE CIR ORLANDO, FL 32828		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARTINEZ, ADRIAN PO BOX 571136 ORLANDO, FL 32857		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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] <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date April 24, 2008 (407) 271-5515 <small>Daytime Phone #</small>		