

2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Dec 16, 2008
Secretary of State

DOCUMENT# 740742

Entity Name: ASOCIACION BORINQUENA DE FLORIDA CENTRAL INC.**Current Principal Place of Business:**1865 ECONLOCKHATCHEE TR.
ORLANDO, FL 32817**New Principal Place of Business:****Current Mailing Address:**PO BOX 677065
ORLANDO, FL 328677065**New Mailing Address:****FEI Number:** 59-1879638**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**SUAREZ, LUIS E
938 KERWOOD CR.
OVIEDO, FL 32765 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:** P () Delete
Name: SUAREZ, LUIS E
Address: 938 KERWOOD CIR
City-St-Zip: OVIEDO, FL 32765**Title:** VPD () Delete
Name: DIAZ, JUAN C
Address: 10 CORNWALL CT
City-St-Zip: CASSELBERRY, FL 32707**Title:** S () Delete
Name: JIMENEZ, NELLIE
Address: 3009 BAY LAUREL CR
City-St-Zip: KISSIMMEE, FL 34744**Title:** T () Delete
Name: MALDONADO, ALBERTO
Address: 752 RIVERBOAT CIR
City-St-Zip: ORLANDO, FL 32828**Title:** D () Delete
Name: HERNANDEZ, JESUS
Address: 951 JADESTONE CIR
City-St-Zip: ORLANDO, FL 32828**Title:** D () Delete
Name: MARTINEZ, ADRIAN
Address: PO BOX 571136
City-St-Zip: ORLANDO, FL 32857**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** S (X) Change () Addition
Name: RUIZ, OLIVIA I
Address: 8648 OTTER CREEK CT
City-St-Zip: ORLANDO, FL 32829**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** D (X) Change () Addition
Name: OZOA, LUIS F
Address: 14058 MORNING FROST DR
City-St-Zip: ORLANDO, FL 32828**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: LUIS E SUAREZ

P

12/16/2008

Electronic Signature of Signing Officer or Director_____
Date