

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 740742

FILED
Apr 22, 2009
Secretary of State

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 (X) Delete
Name: DIAZ, JUAN C
Address: 10 CORNWALL CT
City-St-Zip: CASSELBERRY, FL 32707

Title: S () Delete
Name: RUIZ, OLIVIA I
Address: 8648 OTTER CREEK CT
City-St-Zip: ORLANDO, FL 32829

Title: T () Delete
Name: MALDONADO, ALBERTO
Address: 752 RIVERBOAT CIR
City-St-Zip: ORLANDO, FL 32828

Title: D () Delete
Name: OZOA, LUIS F
Address: 14058 MORNING FROST DR
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: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: MARTINEZ, JOAQUIN
Address: PO BOX 571136
City-St-Zip: ORLANDO, FL 32857

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

04/22/2009

Electronic Signature of Signing Officer or Director

Date