

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 740742

FILED
Feb 14, 2011
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 (X)

Name and Address of Current Registered Agent:

LOPEZ, MAGIN
602-C GEORGETOWN DR
CASSELBERRY, FL 32707 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
Name: LOPEZ, MAGIN
Address: 602-C GEORGETOWN DR
City-St-Zip: CASSELBERRY, FL 32707

Title: S
Name: AGOSTO, ARACELY
Address: 1865 ECONLOCKHATCHEE TR.
City-St-Zip: ORLANDO, FL 32817

Title: T
Name: CACERES, SYLVIA
Address: 3755 PEACE PIPE DRIVE
City-St-Zip: ORLANDO, FL 32829

Title: VP
Name: GONZALEZ, JULIO
Address: 4004 GEORGETOWN
City-St-Zip: ST CLOUD, FL 34772

Title: D
Name: NOGUERIA, CARMEN
Address: EASTERN LAKE AVE 10212 AP 102
City-St-Zip: ORLANDO, FL 32817

Title: D
Name: FUENTES, MIGUEL
Address: 1865 ECONLOCKHATCHEE TR.
City-St-Zip: ORLANDO, FL 32817

I hereby 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 all other like empowered.

SIGNATURE: MAGIN LOPEZ

PRES

02/14/2011

Electronic Signature of Signing Officer or Director

Date