2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 740742

FILED Mar 22, 2012 Secretary of State

Entity Name: ASOCIACION BORINQUENA DE FLORIDA CENTRAL INC.

Current Principal Place of Business: New Principal Place of Business:

1865 ECONLOCKHATCHEE TR. 1865 N. ECONLOCKHATCHEE TR.

ORLANDO, FL 32817 ORLANDO, FL 32817

Current Mailing Address: New Mailing Address:

PO BOX 677065

ORLANDO, FL 328677065

FEI Number: 59-1879638 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

LOPEZ, MAGIN 602-C GEORGETOWN DR CASSELBERRY, FL 32707 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.

in the otate of Fior

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title:

SIGNATURE:

Name: LOPEZ, MAGIN

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

Title: VP

Name: UBINAS, PALMIRA
Address: 3003 VISTA BELLA LOOP
City-St-Zip: ORLANDO, FL 32822

Title: T

Name: LUGO, ANGEL L Address: 389 OLD ALEMANY PL City-St-Zip: ORLANDO, FL 32828

Title:

Name: DIAZ MONTEL, SONIA
Address: 3324 W. COLONIAL DR.
City-St-Zip: ORLANDO, FL 32808

Title:

Name: NOGUEIRA, CARMEN

Address: EASTERN LAKE AVE 10212 AP 102

City-St-Zip: ORLANDO, FL 32817

Title: [

 Name:
 LOPEZ, LEILA E.

 Address:
 1200 WOLVERINE TR.

 City-St-Zip:
 WINTER SPRINGS, FL 32768

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: DR. MAGIN LOPEZ PRES 03/22/2012