

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 742637

FILED  
Feb 23, 2009  
Secretary of State

**Entity Name:** ALLAPATTAH COMMUNITY ACTION, INC.

**Current Principal Place of Business:**

2257 NW N. RIVER DR.  
MIAMI, FL 331252241

**New Principal Place of Business:**

**Current Mailing Address:**

2257 NW N. RIVER DR.  
MIAMI, FL 331252241

**New Mailing Address:**

**FEI Number:** 59-2000654

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MESA, ARDO  
3500 S.W. 178TH CT.  
MIAMI, FL 33034 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: CHRM ( ) Delete  
Name: ARDO, MESA  
Address: 3500 SW 178TH CT  
City-St-Zip: HOMESTEAD, FL 33034

Title: VPT ( ) Delete  
Name: TELLA, EDUARDO  
Address: 11337 NW 115TH CT.  
City-St-Zip: PEMBROKE PINES, FL 33026

Title: S ( ) Delete  
Name: DAUSA, JOSE ENRIQUE  
Address: 9145 FOUNTAINBLEAU BLVD. #8  
City-St-Zip: MIAMI, FL 33172

Title: D ( ) Delete  
Name: VALDES, RUBEN  
Address: 2015 N.W. 20TH ST.  
City-St-Zip: MIAMI, FL 33142

Title: D ( ) Delete  
Name: DUTTON, DOUGLAS  
Address: 7853 W 36TH AVE #1C1  
City-St-Zip: HIALEAH, FL 33018

Title: D ( ) Delete  
Name: FAJARDO, ALVARO  
Address: 6039 COLLINS AVE #633  
City-St-Zip: MIAMI BEACH, FL 33140

**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: ( ) 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: ARDO MESA

CHM

02/23/2009

Electronic Signature of Signing Officer or Director

Date