

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Feb 23, 2009
Secretary of State**

DOCUMENT# 742637

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

Electronic Signature of Signing Officer or Director

CHM

02/23/2009

Date