

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 768414

FILED
May 01, 2009
Secretary of State

Entity Name: ALLAPATTAH BUSINESS DEVELOPMENT AUTHORITY, INC.

Current Principal Place of Business:

2634 NW 21 TERR
MIAMI, FL 33142 US

New Principal Place of Business:

Current Mailing Address:

2634 NW 21 TERR
MIAMI, FL 33142 US

New Mailing Address:

FEI Number: 59-2289231 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

PACHECO, XIOMARA
2634 NW 21 TERR
MIAMI, FL 33142 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: CD () Delete
Name: CABEZAS, RAFAEL
Address: 12001 SW 117 AVENUE
City-St-Zip: MIAMI, FL 33186

Title: VCD () Delete
Name: CRUZ, MARIANO
Address: 1227 NW 26 STREET
City-St-Zip: MIAMI, FL 33142

Title: SD () Delete
Name: VALDES, RODOVALDO S
Address: 2601 NW 20 ST.
City-St-Zip: MIAMI, FL 33142

Title: TD () Delete
Name: JAUREGUI, OBEN
Address: 2490 NW 35TH ST
City-St-Zip: MIAMI, FL 33142

Title: VYD () Delete
Name: ECHEVARRIA, JOSE A
Address: 2870 NW 18TH AVE APT 8-C
City-St-Zip: MIAMI, FL 33142

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:

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: RAFAEL CABEZAS

PRES

05/01/2009

Electronic Signature of Signing Officer or Director

_____ Date