

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000003433

FILED
Apr 24, 2007
Secretary of State

Entity Name: ASSOCIATION OF ROMANENSES RESIDENTS IN FLORIDA, INC.

Current Principal Place of Business:

2814 N.W. 17TH AVENUE
MIAMI, FL 33142

New Principal Place of Business:

Current Mailing Address:

2814 N.W. 17TH AVENUE
MIAMI, FL 33142

New Mailing Address:

FEI Number: 65-1010613

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RAMIREZ, JUAN E
19651 N.W. 59TH PLACE
MIAMI, FL 33015 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: PD () Delete
Name: RAMIREZ, JUAN E
Address: 19651 N.W. 59TH PLACE
City-St-Zip: MIAMI, FL 33015

Title: VD () Delete
Name: MARTINEZ, MAXIMO
Address: 1400 NW 31 STREET
City-St-Zip: MIAMI, FL 33142

Title: VD () Delete
Name: MORILLO, NESTOR
Address: 19661 N.W. 59TH PLACE
City-St-Zip: MIAMI, FL 33015

Title: S () Delete
Name: RODRIGUEZ, DAVID
Address: 2814 N.W. 17TH AVENUE
City-St-Zip: MIAMI, FL 33142

Title: AS () Delete
Name: REINOSO, ROGELY
Address: 2814 N.W. 17TH AVENUE
City-St-Zip: MIAMI, FL 33142

Title: V () Delete
Name: VILLAFANA, FRANCISCO
Address: 2814 NW 17 AVE
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:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: JUAN E RAMIREZ

PD

04/24/2007

Electronic Signature of Signing Officer or Director

Date