

2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # N00000004739

1. Entity Name
CENTRO DE PREVENCIÓN Y EDUCACIÓN CORAZONES
UNIDOS H.I.V/SIDA, INC.



Principal Place of Business
1325 W. 68TH ST.
SUITE 512
HIALEAH, FL 33014

Mailing Address
1325 W. 68TH ST.
SUITE 512
HIALEAH, FL 33014

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

10012008 Chg-NP CR2E037 (12/06)

4. FEI Number
65-1025556

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ACEVEDO, SIXTO R
1325 W. 68TH ST.
STE. 512
HIALEAH, FL 33014

Name
WILLIAM R. Colon
Street Address (P.O. Box Number is Not Acceptable)

520 NW 165 st suite 107

City
N MIAMI BEACH FL Zip Code
33169

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

William R. Colon

Oct 01, 2008

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Amended AR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☒

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
P
ACEVEDO, SIXTO R
STREET ADDRESS
1325 W. 68TH STREET #512
CITY-ST-ZIP
HIALEAH, FL 33014 ☐ Delete

TITLE
NAME
P
COLON, WILLIAM R.
STREET ADDRESS
520 NW 165 street, #107
CITY-ST-ZIP
North Miami Beach, FL 33169 ☐ Change ☒ Addition

TITLE
NAME
VP
ACEVEDO, JULIA
STREET ADDRESS
1325 W. 68TH STREET #512
CITY-ST-ZIP
HIALEAH, FL 33014 ☒ Delete

TITLE
NAME
VP
HERNANDEZ, CARLOS A
STREET ADDRESS
520 NW 165 street, #107
CITY-ST-ZIP
NORTH MIAMI BEACH FL 33169 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

William R. Colon

October 01, 2008

305-764-9641

SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR

Date

Daytime Phone #