

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000000253

FILED  
Apr 30, 2008  
Secretary of State

Entity Name: ESTRELLA MORENA FUEGO FLAMENCO, INC.

**Current Principal Place of Business:**

3560 SW 84 AVENUE  
MIAMI, FL 331553314

**New Principal Place of Business:**

**Current Mailing Address:**

3560 SW 84 AVENUE  
MIAMI, FL 331553314

**New Mailing Address:**

FEI Number: 65-1067841

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

ZORRILLA, LOUISE  
3560 SW 84TH AVENUE  
MIAMI, FL 33155 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: DP ( ) Delete  
Name: ZORRILLA, LOUISE  
Address: 3560 SW 84 AVENUE  
City-St-Zip: MIAMI, FL 331553314

Title: TD ( ) Delete  
Name: ZORRILLA, JOSE  
Address: 3560 SW 84 AVENUE  
City-St-Zip: MIAMI, FL 331553314

Title: MD ( ) Delete  
Name: ZORRILLA, JOSE LUIS  
Address: 3560 SW 84 AVE  
City-St-Zip: MIAMI, FL 33155

Title: SD ( ) Delete  
Name: CARCAS, IVETTE  
Address: 3560 SW 84 AVE  
City-St-Zip: MIAMI, FL 33155

Title: S ( ) Delete  
Name: CARNEY, AMANDA  
Address: 3560 SW 84 AVE  
City-St-Zip: MIAMI, FL 33155

**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: S (X) Change ( ) Addition  
Name: OFFUTT, JEANNINE  
Address: 3560 SW 84 AVE  
City-St-Zip: MIAMI, FL 33155

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: LOUISE ZORRILLA

DP

04/30/2008

Electronic Signature of Signing Officer or Director

Date