



2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # N01000002209 1. Entity Name POR LA DEMOCRACIA ONG. INC.					
Principal Place of Business SHENANDOAH STATION P.O. BOX 45-1624 MIAMI FL 33245-1624				Mailing Address SHENANDOAH STATION P.O. BOX 45-1624 MIAMI FL 33245-1624	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		<div style="font-size: 24px; font-weight: bold;">FILED</div> <div style="font-size: 18px;">07 MAR 28 11:10:55</div> <div style="font-size: 12px;">FLORIDA STATE TALLAHASSEE, FLORIDA</div>  <div style="font-size: 12px;">1st MOORE CR2E037 (10/06)</div>	
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 65-1090956 <div style="float: right;"> <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable </div>					
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent GOMEZ, LIONEL 2154 S.W. 14 TERRACE SUITE 1 MIAMI FL 33145				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> <div style="float: right;">DATE _____</div>					
FILE NOW: FEE IS \$61.25 Due By May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 STREET ADDRESS CITY- ST- ZIP	PD GOMEZ, LIONEL 2154 S.W. 14 TERRACE, SUITE 1 MIAMI FL 33145 <div style="text-align: right;"><input type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div> <div style="font-size: 18px; font-weight: bold; text-align: center;">100096013771</div> <div style="font-size: 12px; text-align: center;">04/05/07--01052--014 **70.00</div>		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VD FAURA, WALDO 2154 S.W. 14 TERRACE, SUITE 1 MIAMI FL 33145 <div style="text-align: right;"><input type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	TD GONZALEZ, JOSEFINA 2154 S.W. 14 TERRACE, SUITE 1 MIAMI FL 33145 <div style="text-align: right;"><input type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D PINO, LUIS 2154 SW 14 TERRACE, SUITE 1 MIAMI FL 33145 <div style="text-align: right;"><input type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D BOTFALUSI-STOCK, EDE 2154 SW 14 TERRACE, SUITE 1 MIAMI FL 33145 <div style="text-align: right;"><input type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D ABELLO, ORLANDO 2154 SW 14 TERRACE, SUITE 1 MIAMI FL 33145 <div style="text-align: right;"><input type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: <i>Lionel Gomez</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					