2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 28, 2004 8:00 am
Secretary of State
01-28-2004 90004 001 ****61.25

DOCUMENT # N01000005433

1. Entity Name

NATIONAL LATINO PEACE OFFICER'S ASSOCIATION, MIAMI DADE CHAPTER, INC.

Principal Place of Business	Mailing Address
P.O.BOX 668354 MIAMI FL 33166	P.O.BOX 668354 MIAMI FL 33166

MOORE CR2E037 (11/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 65-1153782 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MALLOW, JEFF
6965 W. 3 AVE.
HIALEAH FL 33014

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 Jeff Mallow Jeff Mallow 1-21-2004

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25
Due By May 1, 2004

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 / STREET ADDRESS / CITY-ST-ZIP	PD MALLOW, JEFF P.O.BOX 668354 MIAMI FL 33166	☐ Delete	Director Eddy Pena P.O. BOX 668354, Miami Fl 33166	☐ Change XX Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BAILEY, JENNY P.O.BOX 668354 MIAMI FL 33166	XX Delete	Director George Sada P.O. BOX 668354, Miami Fl 33166	☐ Change XX Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LATIFY, AWIDA P.O.BOX 668354 MIAMI FL 33166	XX Delete	Director Julio Fuentes P.O. BOX 668354, Miami Fl 33166	☐ Change XX Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D RODRIGUEZ, MELISSA P.O.BOX 668354 MIAMI FL 33166	XX Delete	Director Jose Reigada P.O. BOX 668354, Miami Fl 33166	☐ Change XX Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MARTINEZ, JORGE P.O.BOX 668354 MIAMI FL 33166	XX Delete	Director Amaury Padro P.O. BOX 668354, Miami Fl 33166	☐ Change XX Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Jeff Mallow Jeff Mallow 1-21-2004 305-934-8525

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #