

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2006 8:00 am
Secretary of State

04-06-2006 90025 028 ****61.25

DOCUMENT # N01000005433

1. Entity Name
**NATIONAL LATINO PEACE OFFICER'S ASSOCIATION,
MIAMI DADE CHAPTER, INC.**



Principal Place of Business
**P.O. BOX 668354
MIAMI, FL 33166**

Mailing Address
**P.O. BOX 668354
MIAMI, FL 33166**

50009697



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04042006 Chg-NP CR2E037 (11/05)

City & State

City & State

4. FEI Number
65-1153782

Applied For
Not Applicable

Zip

Country

Zip

Country

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

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

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 PD ☐ Delete
NAME MALLOW, JEFF
STREET ADDRESS P.O. BOX 668354
CITY-ST-ZIP MIAMI, FL 33166

TITLE Board of Director ☐ Change ☒ Addition
NAME McLaughlin, John
STREET ADDRESS P.O. Box 668354
CITY-ST-ZIP MIAMI FL 33166

TITLE VPD ☐ Delete
NAME PENA, EDDY
STREET ADDRESS P.O. BOX 668354
CITY-ST-ZIP MIAMI, FL 33166

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

TITLE SAAD ☐ Delete
NAME SADA, GEORGE
STREET ADDRESS P.O. BOX 668354
CITY-ST-ZIP MIAMI, FL 33166

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

TITLE TD ☐ Delete
NAME FUENTES, JULIO
STREET ADDRESS P.O. BOX 668354
CITY-ST-ZIP MIAMI, FL 33166

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

TITLE SD ☐ Delete
NAME PADRO, JACKIE
STREET ADDRESS P.O. BOX 668354
CITY-ST-ZIP MIAMI, FL 33166

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

TITLE VPD ☐ Delete
NAME PADRO, AMAURY
STREET ADDRESS PO BOX 668354
CITY-ST-ZIP MIAMI, FL 33166

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

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: Jeff Mallow - (JEFF MALLOW - PRESIDENT) 4-4-2006 305-934-8525
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #