2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2007 08:00 AM
Secretary of State

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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

DO NOT WRITE IN THIS SPACE

03032007 No Chg-NP CR2E037 (4/06)

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

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

Filing Fee is $61.25
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000656173
03/14/07-80015-015 61.25

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MALLOW, JEFF
STREET ADDRESS	P.O.BOX 668354
CITY-ST-ZIP	MIAMI, FL 33166
TITLE	VPD
NAME	PENA, EDDY
STREET ADDRESS	P.O.BOX 668354
CITY-ST-ZIP	MIAMI, FL 33166
TITLE	SAAD
NAME	SADA, GEORGE
STREET ADDRESS	P.O.BOX 668354
CITY-ST-ZIP	MIAMI, FL 33166
TITLE	TD
NAME	FUENTES, JULIO
STREET ADDRESS	P.O.BOX 668354
CITY-ST-ZIP	MIAMI, FL 33166
TITLE	SD
NAME	PADRO, JACKIE
STREET ADDRESS	P.O.BOX 668354
CITY-ST-ZIP	MIAMI, FL 33166
TITLE	VPD
NAME	PADRO, AMAURY
STREET ADDRESS	PO BOX 668354
CITY-ST-ZIP	MIAMI, FL 33166

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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 3-3-2007 305-934-8525
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #