2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2009
Secretary of State

DOCUMENT# N01000005433

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

Current Principal Place of Business:

P.O.BOX 668354
MIAMI, FL 33166

New Principal Place of Business:

6965 W. 3 AVE.
HIALEAH, FL 33014

Current Mailing Address:

P.O.BOX 668354
MIAMI, FL 33166

New Mailing Address:

FEI Number: 65-1153782 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MALLOW, JEFF
6965 W. 3 AVE.
HIALEAH, FL 33014 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: PD ( ) Delete
Name: MALLOW, JEFF
Address: P.O.BOX 668354
City-St-Zip: MIAMI, FL 33166

Title: VPD ( ) Delete
Name: PENA, EDDY
Address: P.O.BOX 668354
City-St-Zip: MIAMI, FL 33166

Title: SAAD ( ) Delete
Name: SADA, GEORGE
Address: P.O.BOX 668354
City-St-Zip: MIAMI, FL 33166

Title: TD ( ) Delete
Name: FUENTES, JULIO
Address: P.O.BOX 668354
City-St-Zip: MIAMI, FL 33166

Title: SD ( ) Delete
Name: PADRO, JACKIE
Address: P.O.BOX 668354
City-St-Zip: MIAMI, FL 33166

Title: VPD ( ) Delete
Name: PADRO, AMAURY
Address: PO BOX 668354
City-St-Zip: MIAMI, FL 33166

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: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: JEFF MALLOW PD 04/10/2009

Electronic Signature of Signing Officer or Director — Date