

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000000583

FILED  
Mar 14, 2007  
Secretary of State

Entity Name: F.E.D.E.E. FILIAL MIAMI, CORP.

**Current Principal Place of Business:**

17320 SW 296 ST  
HOMESTEAD, FL 33030

**New Principal Place of Business:**

**Current Mailing Address:**

17320 SW 296 ST  
HOMESTEAD, FL 33030

**New Mailing Address:**

FEI Number:  FEI Number Applied For (X)  FEI Number Not Applicable ( )  Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

PACHECO, MARTHA  
10196 SW 162 PL  
MIAMI, FL 33196 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: AGUIRRE, LOIS  
Address: 17320 SW 296 ST  
City-St-Zip: HOMESTEAD, FL 33030

Title: DV  Delete  
Name: NORIEGA, ANA  
Address: 17320 SW 296 ST  
City-St-Zip: HOMESTEAD, FL 33030

Title: TD  Delete  
Name: BERMUDEZ, ADRIANA  
Address: 17320 SW 296 ST  
City-St-Zip: HOMESTEAD, FL 33030

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD  Change  Addition  
Name: LANGE, CARLOS R.  
Address: 4794 SW 14 PL  
City-St-Zip: DEERFIELD BEACH, FL 33442

Title: DV  Change  Addition  
Name: AGUIRRE, LUIS  
Address: 17320 SW 296 ST.  
City-St-Zip: HOMESTEAD, FL 33030

Title: TD  Change  Addition  
Name: BERMUDEZ, ADRIANA  
Address: 17320 SW 296 ST.  
City-St-Zip: HOMESTEAD, FL 33030

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: CARLOS R. LANGE

PD

03/14/2007

Electronic Signature of Signing Officer or Director

Date