

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000001157

FILED
Jan 21, 2008
Secretary of State

Entity Name: ALIANZA FRATERNAL JOSE MARTI, INC

Current Principal Place of Business:

444 SW 64 CT
MIAMI, FL 33144

New Principal Place of Business:

Current Mailing Address:

444 SW 64 CT
MIAMI, FL 33144

New Mailing Address:

FEI Number: 01-0602080

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

QUIROS, MIRIAM E
444 SW 64 CT
MIAMI, FL 33144 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: D () Delete
Name: ABRUE, MARIA LUISA
Address: 4610 NW 7TH ST
City-St-Zip: MIAMI, FL 33126

Title: P () Delete
Name: QUIROS, MIRIAM E
Address: 444 SW 64TH CT
City-St-Zip: MIAMI, FL 33144

Title: D () Delete
Name: QUIROS, JOSE J
Address: 444 SW 64 CT
City-St-Zip: MIAMI, FL 33144

Title: TD (X) Delete
Name: ARTEAGA, GARDENIA
Address: 6825 W FLAGLER ST
City-St-Zip: MIAMI, FL 33144

Title: D (X) Delete
Name: GOMEZ, JOSE M
Address: 4610 NW 7 ST
City-St-Zip: MIAMI, FL 33126

Title: SD (X) Delete
Name: RODRIGUEZ, DORA
Address: 4610 NW 7 ST
City-St-Zip: MIAMI, FL 33126

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: QUIROS, MIRIAM E
Address: 444 SW 64 CT
City-St-Zip: MIAMI, FL 33144

Title: DS (X) Change () Addition
Name: QUIROS, JOSE J
Address: 444 SW 64TH CT
City-St-Zip: MIAMI, FL 33144

Title: DT (X) Change () Addition
Name: GONZALEZ, DORA R
Address: 1891 SW 14 ST
City-St-Zip: MIAMI, FL 33145

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: MIRIAM E. QUIROS

P

01/21/2008

Electronic Signature of Signing Officer or Director

Date