## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N02000006250

FILED Mar 04, 2009 Secretary of State

Entity Name: LATINO OFFICERS ASSOCIATION FLORIDA, INC

**Current Principal Place of Business: New Principal Place of Business:** 1350 SW 72 AVE MIAMI, FL 33144 **Current Mailing Address: New Mailing Address:** POST OFFICE BOX 172138 HIALEAH, FL 33017 FEI Number: 20-1009789 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MARTINEZ, ALEXANDER 1350 SW 72 AVE MIAMI, FL 33144 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete MARTINEZ, ALEXANDER Name: Name: POST OFFICE BOX 172138 Address: Address: City-St-Zip: HIALEAH, FL 33017 City-St-Zip: Title: Title: (X) Change ( ) Addition ( ) Delete IRIZARRY, JOSE Name: QUEIPO, ANGEL Name: Address: PO BOX 172138 Address: PO BOX 172138 City-St-Zip: HIALEAH, FL 33017 City-St-Zip: HIALEAH, FL 33017 Title: () Delete Title: (X) Change ( ) Addition DELGADO, NELSON TOSCA, COTTON Name: Name: PO BOX 172138 Address: PO BOX 172138 Address: City-St-Zip: HIELAH, FL 33017 City-St-Zip: HIELAH, FL 33017 ( ) Delete Title: Title: (X) Change ( ) Addition FERNANDEZ, RAUL Name: Name: MARTINEZ, ED POST OFFICE BOX 172138 POST OFFICE BOX 172138 Address: Address: City-St-Zip: HIALEAH, FL 33017 City-St-Zip: HIALEAH, FL 33017 Title: () Delete Title: () Change () Addition JOHN MESTRINELLI, Name: Name: 1350 SW 72 AVW Address: Address: City-St-Zip: MIAMI, FL 33144 City-St-Zip: Title: () Delete Title: (X) Change ( ) Addition QUEIPO. ANGEL RENDON, JOSE Name: Name: Address: POST OFFICE BOX 172138 Address: POST OFFICE BOX 172138 HIALEAH, FL 33017 HIALEAH, FL 33017 City-St-Zip: 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: ALEXANDER MARTINEZ PRES 03/04/2009