

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2008 08:00 AM
Secretary of State

DOCUMENT # N02000007462

1. Entity Name
FAMILY AIDS COALITION, INC.



Principal Place of Business

**300 E 1 AVE
112
HIALEAH, FL 33010 US**

Mailing Address

**300 E 1 AVE
112
HIALEAH, FL 33010 US**



04142008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
11-3656906

Applied For
Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**LEYVA, LAURA A.
7100 WEST 20TH AVE
SUITE 606
HIALEAH, FL 33016**

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IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
FREIXAS, JOSE D JR
300 E 1 AVE # 112
HIALEAH, FL 33010**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPD
GUITIRREZ-SAMPEDRO, MIGUEL G.
300 E 1 AVE # 112
HIALEAH, FL 33010**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TS
CARRIL, MARIA ISABEL
300 E 1 AVE # 112
HIALEAH, FL 33010**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**ED
LEYVA, LAURA A
300 E 1 AVE # 112
HIALEAH, FL 33010**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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05/21/08-80137-013 70.00

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 another like empowered.