

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2008 8:00 am
Secretary of State

05-02-2008 90179 035 ****70.00

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1. Entity Name
COLOMBIA CHAMBER OF COMMERCE OF BROWARD
COUNTY, INC.



Principal Place of Business
6289 W SUNRISE BLVD STE
258
SUNRISE, FL 33313

Mailing Address
P.O. BOX 8104
CORAL SPRINGS, FL 33065

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

P.O. BOX 9522

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04302008

Chg-NP

CR2E037 (12/06)

City & State

City & State

CORAL SPRINGS - FL

4. FEI Number

54-2084533

Applied For

Not Applicable

Zip

Country

Zip

Country

33075

USA.

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SOTO, JAMES
6289 W SUNRISE BLVD
PLANTATION, FL 33313

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
SOTO, MARIA
5070 SW 24 ST
FT LAUDERDALE, FL 33317 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
SAMUEL GARCIA
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
SAMUEL GARCIA
P.O. BOX 9522
CORAL SPRINGS - FL 33075 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
CARLOS BONACIN
P.O. BOX 9522
CORAL SPRINGS - FL 33075 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
J
JAMES SOTO
5070 SW 24 ST
FT LAUDERDALE, FL 33317 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #