

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000003016

FILED
Jan 19, 2009
Secretary of State

Entity Name: THE ALLIANCE OF FORD MOTOR MINORITY DEALERS, INC.

Current Principal Place of Business:

9000 NW 7 AVE
MIAMI, FL 33150

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 66114
NEWPORT, MI 48166

New Mailing Address:

P.O. BOX 580
DONNA, TX 78537

FEI Number: 33-1053672

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

QUINTON, A EDWARD III
80 SW 8 STREET STE 2150
MIAMI, FL 33130 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: ALVAREZ, RAMON C
Address: 8051 AUTO DR
City-St-Zip: RIVERSIDE, CA 92504

Title: D (X) Delete
Name: ALVAREZ, JOE
Address: 3333 NORTH MAIN
City-St-Zip: GAINESVILLE, FL 32609

Title: D () Delete
Name: REMY, ROBERT
Address: 9500 S LAKEWOOD
City-St-Zip: DOWNEY, CA 90240

Title: D () Delete
Name: POZOS, JOSE
Address: 5401 KELL BLVD. WEST
City-St-Zip: WICHITA FALLS, TX 6310

Title: D () Delete
Name: RAMIREZ, DANIEL
Address: 5353 E. HIGHWAY 83
City-St-Zip: RIO GRANDE CITY, TX 78582

Title: D () Delete
Name: PALMAR, GUS
Address: 1 SUPERIOR WAY
City-St-Zip: UNIONTOWN, PA 15401

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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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: OSVALDO GARCIA JR

DIR

01/19/2009

Electronic Signature of Signing Officer or Director

Date