

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2006 8:00 am
Secretary of State

03-16-2006 90247 006 ****61.25

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1. Entity Name
PUERTO RICAN BAR ASSOCIATION OF FLORIDA, INC.



Principal Place of Business
**905 BRICKELL BAY DR., FOUR AMBASSADORS
TOWER II MEZZANINE, STE. 228
MIAMI, FL 33131**

Mailing Address
**905 BRICKELL BAY DR., FOUR AMBASSADORS
TOWER II MEZZANINE, STE. 228
MIAMI, FL 33131**

2. Principal Place of Business
1395 BRICKELL AVE.

3. Mailing Address
1395 BRICKELL AVE.

Suite, Apt. #, etc.
14th FLOOR

Suite, Apt. #, etc.
14th FLOOR

City & State
MIAMI, FL

City & State
MIAMI, FL

01052006 Chg-NP CR2E037 (11/05)

4. FEI Number
02-0707018

Applied For
Not Applicable

Zip
33131

Country
U.S.A.

Zip
33131

Country
U.S.A.

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**ROBLES, RICHARD R ESQ.
905 BRICKELL BAY DR., FOUR AMBASSADORS
TOWER II MEZZANINE, STE. 228
MIAMI, FL 33131**

7. Name and Address of New Registered Agent

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, 2006**

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

TITLE **PD** ☒ Delete
NAME **ROBLES, RICHARD R ESQ.**
STREET ADDRESS **905 BRICKELL BAY DR., FOUR AMBASSADORS**
CITY-ST-ZIP **MIAMI, FL 33131**

TITLE **VD** ☐ Delete
NAME **COLLAZO, YESENIA**
STREET ADDRESS **7850 N.W. 146 STREET, SUITE 403**
CITY-ST-ZIP **MIAMI LAKES, FL 33016**

TITLE **VD** ☒ Delete
NAME **LOPEZ, SAMUEL D ESQ.**
STREET ADDRESS **629 S.E. 5TH AVE.**
CITY-ST-ZIP **FT. LAUDERDALE, FL 33301**

TITLE **VPD** ☐ Delete
NAME **COLORESA, LUIS A** *Correct spelling*
STREET ADDRESS **501 E KENNEDY BLVD, STE 1400**
CITY-ST-ZIP **TAMPA, FL 33602**

TITLE **TD** ☒ Delete
NAME **RIVERA, HECTOR R**
STREET ADDRESS **200 S. BISCAYNE BLVD., SUITE 3400**
CITY-ST-ZIP **MIAMI, FL 331312397**

TITLE **SD** ☐ Delete
NAME **MENENDEZ, NYDIA ESQ**
STREET ADDRESS **4925 SHERIDAN ST, STE 102**
CITY-ST-ZIP **HOLLYWOOD, FL 33021**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☐ Change ☒ Addition
NAME **Hector R. Rivera, Esq.**
STREET ADDRESS **1395 Brickell Avenue, 14th Floor**
CITY-ST-ZIP **Miami, Florida 33131**

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

TITLE **SD** ☐ Change ☒ Addition
NAME **Natasha Cortez, Esq.**
STREET ADDRESS **2665 South Bayshore Drive, PH1**
CITY-ST-ZIP **Cocunut Grove, FL 33133**

TITLE ☐ Change ☐ Addition
NAME **Cabassa, Luis A**
STREET ADDRESS
CITY-ST-ZIP

TITLE **VD** ☐ Change ☒ Addition
NAME **Luis Figueroa, Esq.**
STREET ADDRESS **540 N. Semoran Blvd**
CITY-ST-ZIP **Orlando, Florida 32807**

TITLE **TD** ☒ Change ☐ Addition
NAME **Nydia Menendez, Esq**
STREET ADDRESS **2699 Stirling Road, Suite B200**
CITY-ST-ZIP **Fort Lauderdale, Florida 33312**

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 #