2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 23, 2007 08:00 AM
Secretary of State

DOCUMENT # N03000003400

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

Principal Place of Business	Mailing Address
1395 BRICKELL AVE 14TH FLOOR MIAMI, FL 33131	1395 BRICKELL AVE 14TH FLOOR MIAMI, FL 33131

DO NOT WRITE IN THIS SPACE

07202007 No Chg-NP CR2E037 (4/06)

4. FEI Number
02-0707018
☐ Applied For
☐ Not Applicable

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

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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 September 14, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	RIVERA, HECTOR R ESQ
STREET ADDRESS	1395 BRICKELL AVE 14TH FLOOR
CITY-ST-ZIP	MIAMI, FL 33131
TITLE	VD
NAME	COLLAZO, YESENIA
STREET ADDRESS	7850 N.W. 146 STREET, SUITE 403
CITY-ST-ZIP	MIAMI LAKES, FL 33016
TITLE	SD
NAME	CORTEZ, NATASHA ESQ
STREET ADDRESS	2665 SOUTH BLVD DR PH1
CITY-ST-ZIP	COCONUT GROVE, FL 33133
TITLE	VPD
NAME	CABASSA, LUIS A
STREET ADDRESS	501 E KENNEDY BLVD, STE 1400
CITY-ST-ZIP	TAMPA, FL 33602
TITLE	VD
NAME	FIGUERA, LUIS ESQ
STREET ADDRESS	540 N SERMON BLVD
CITY-ST-ZIP	ORLANDO, FL 32807
TITLE	TD
NAME	MENENDEZ, NYDIA ESQ
STREET ADDRESS	2699 SHIRLING RD SUITE B200
CITY-ST-ZIP	FORT LAUDERDALE, FL 33312

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07/23/07-80001-011 61.25

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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: _____ 7/20/07 9549637220
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #