

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000007305

FILED  
Jan 22, 2008  
Secretary of State

Entity Name: AMERICAN FEDERATION OF POLICE INC.

**Current Principal Place of Business:**

4711 NW 79TH AVENUE  
SUITE #5E  
DORAL, FL 33166

**New Principal Place of Business:**

**Current Mailing Address:**

4711 NW 79TH AVENUE  
SUITE #5E  
DORAL, FL 33166

**New Mailing Address:**

FEI Number: 20-2019221

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

TORRES, ROBERT  
4711 NW 79TH STREET  
SUITE #5 E  
DORAL, FL 33166 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: P ( ) Delete  
Name: TORRES, ROBERT  
Address: 4711 NW 79TH AVENUE SUITE 5 E  
City-St-Zip: DORAL, FL 33166

Title: V ( ) Delete  
Name: MORA, PEDRO  
Address: 4711 NW 79TH AVENUE SUITE 5 E  
City-St-Zip: DORAL, FL 33166

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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: ROBERT TORRES

P

01/22/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date