

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000008386

FILED  
Apr 08, 2008  
Secretary of State

**Entity Name:** LATIN CHAMBER OF COMMERCE TREASURE COAST, INC.

**Current Principal Place of Business:**

32D87 S US 1  
FORT PIERCE, FL 34982

**New Principal Place of Business:**

850 NW FEDERAL HWY ONE  
SUITE 171  
STUART, FL 34994

**Current Mailing Address:**

P.O. BOX 9526  
PORT SAINT LUCIE, FL 34985

**New Mailing Address:**

**FEI Number:** 65-1216593

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

RODRIGUEZ, LILLIAN  
32D87 S US 1  
FORT PIERCE, FL 34982 US

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

RODRIGUEZ, LILLIAN  
850 NW FEDERAL HWY ONE  
SUITE 171  
STUART, FL 34994 US

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:

04/08/2008

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: RODRIGUEZ, LILLIAN  
Address: P.O. BOX 9526  
City-St-Zip: PORT SAINT LUCIE, FL 34985

Title: D ( ) Delete  
Name: RODRIGUEZ, BOBBY  
Address: P.O. BOX 9526  
City-St-Zip: PORT SAINT LUCIE, FL 34985

Title: D (X) Delete  
Name: FUNCKE, ROLAND  
Address: P.O. BOX 9526  
City-St-Zip: PORT SAINT LUCIE, FL 34985

**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:

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: LILLIAN RODRIGUEZ

P

04/08/2008

Electronic Signature of Signing Officer or Director

Date