


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2007 8:00 am
Secretary of State

01-30-2007 90008 019 ****61.25

DOCUMENT # N03000010271					
1. Entity Name FLORIDIANS TO DEFEND THE CONSTITUTION, INC.					
Principal Place of Business 2520 SW 22 ST STE 2-346 MIAMI, FL 33145			Mailing Address 2520 SW 22 ST STE 2-346 MIAMI, FL 33145		
2. Principal Place of Business - No P.O. Box # 8770 SW 72 ST		3. Mailing Address 8770 SW 72 ST.			
Suite, Apt. #, etc. # 273		Suite, Apt. #, etc. # 273			
City & State Miami FL		City & State Miami FL		4. FEI Number 81-0638073	
Zip 33173		Country MIAMI-DADE		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent VILLALOBOS, ALEX 2520 S.W. 22ND STREET SUITE 2 MIAMI, FL, FL 33145			7. Name and Address of New Registered Agent Name: Alex Villalobos Street Address (P.O. Box Number is Not Acceptable) 8770 SW 72 ST # 273 City: Miami FL Zip Code: 33173		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE PT NAME VILLALOBOS, J. ALEX STREET ADDRESS 2520 S.W. 22 STREET STE 2 CITY-ST-ZIP MIAMI, FL 33145	<input type="checkbox"/> Delete		TITLE PT NAME Villalobos, J. Alex STREET ADDRESS 8770 SW 72 ST # 273 CITY-ST-ZIP Miami FL 33173	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			1-24-07 305-278-1741 <small>Date Daytime Phone #</small>		