


**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 29, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # N03000010271</b>	
<b>1. Entity Name</b> FLORIDIANS TO DEFEND THE CONSTITUTION, INC.	

<b>Principal Place of Business</b> 8770 SW 72 STREET # 273 MIAMI, FL 33173	<b>Mailing Address</b> 8770 SW 72 STREET # 273 MIAMI, FL 33173
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01242008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

<b>4. FEI Number</b> 81-0638073	<b>Applied For</b> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

**6. Name and Address of Current Registered Agent**

VILLALOBOS, ALEX  
8770 SW 72 STREET # 273  
MIAMI, FL 33173

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**B.** 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, 2008**


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

10. OFFICERS AND DIRECTORS	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	PT VILLALOBOS, J. ALEX 8770 SW 72 STREET # 273 MIAMI, FL 33173
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U00000803854  
02/05/08-80044-002 61.25

**DO NOT WRITE IN THIS SPACE**

**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:**  \_\_\_\_\_ **1-24-08 305-278-1741**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #