

2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Oct 21, 2008
Secretary of State

DOCUMENT# N04000002854

Entity Name: THE JOSE MARTI COMMEMORATIVE COMMISSION, INC.**Current Principal Place of Business:**2700 SW 8 ST
MIAMI, FL 33135**New Principal Place of Business:****Current Mailing Address:**2700 SW 8 ST
MIAMI, FL 33135**New Mailing Address:****FEI Number:** 20-0909669**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**ESPINOSA, ARMINDA M P
2700 SW 8 ST
STE 200
MIAMI, FL 33135 US**Name and Address of New Registered Agent:**ESPINOSA, ARMINDA
2700 SW 8 ST
STE 200
MIAMI, FL 33135 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: ARMINDA ESPINOSA

10/21/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:**Title:** PT () Delete
Name: ESPINOSA, ARMINDA
Address: 2700 SW 8 ST
City-St-Zip: MIAMI, FL 33135**Title:** VP () Delete
Name: ALCANTARA, DOMINICA
Address: 2700 SW 8 ST
City-St-Zip: MIAMI, FL 33135**Title:** S () Delete
Name: REINER, SAMUEL B
Address: 2700 SW 8 ST
City-St-Zip: MIAMI, FL 33135**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** VPS (X) Change () Addition
Name: ALCANTARA, DOMINICA
Address: 2700 SW 8 ST
City-St-Zip: MIAMI, FL 33135**Title:** D (X) Change () Addition
Name: REINER, SAMUEL B
Address: 2700 SW 8 ST
City-St-Zip: MIAMI, FL 33135

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: ARMINDA ESPINOSA

P

10/21/2008

Electronic Signature of Signing Officer or Director

Date