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

## FILED Feb 18, 2008 8:00 am Secretary of State

2- 11-08 (308) 85 V-190 y

1. Entity Nam	ie	#_N04000004 RIGHTS & DEMOC		COUNCIL, IN	c.		<u> </u>	2-18-2008 9	0010 044 ***	*61.25
2440 CORAL WAY 2				Mailing Address 2440 CORAL WAY MIAMI, FL 33145						
2. Principal Place of Business - No P.O. Box # 3. Ma				. Mailing Address						
Suite, Apt. #, etc.			Si	Suite, Apt. #, etc.			02112008 Chg-NP CR2E037 (12/06)			
City & State			Ci	City & State			4. FEI Number 65-113996	1	<b>├</b>	Applied For Not Applicable
Zip			<u> </u>	Zip			5. Certificate of Status Desired   \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent Name				
PINO, RAUL F 2440 CORAL WAY MIAMI, FL 33145						Street Address (P.O. Box Number is Not Acceptable)				
					City				FL Zip Ci	ode
	named entit lions of regist	y submits this statement followed agent.	or the purp	oose of changing its	registered offic	e or register	red agent, or both, in	the State of Florid		th, and accept
SIGNATÜRE	Signature, typed	or printed name of registered agent	and title if ap	plicable. (NOT	E: Registered Agent s	gnature required	d 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		ke obeck payable a Department of		
10.		OFFICERS AND D	RECTORS		11.		ADDITIONS/CHANG	ES TO OFFICERS	AND DIRECTORS	IN 10
TITLE NAME STREET ADORESS CITY-ST-ZIP	PTD ZUNIGA, 465 WES MIAMI, FI	T PARK DR. #9		☐ Delete	TITLE NAME STREET ADORE CITY-ST-ZIP	ss			☐ Chang	e 🔲 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		HORACIO WATER DR. UNIT 150 _ 33133	;	☐ Delete	TITLE NAME STREET ADDRE CITY-ST-ZIP	ss			Chang	e 🔲 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VØ / MAYC/, F 13050/W CØFJAL Ø	IÇARIPGI AR \$TRIEFT/ 64181495/51-/33159		∑ Delete	TITLE NAME STREET ADDRE CITY-ST-ZIP	ss			☐ Chang	e 🔲 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PINO, RA	JUL F ESQ. RAL WAY		☐ Delete	TITLE NAME STREET ADDRI CITY-ST-ZIP	ss			☐ Chang	e 🗀 Addition
NAME STREET ADDRESS -CITY-ST-ZIP				☐ Delete	TITLE NAME STREET ADDRI CITY-ST-ZIP	ess .			☐ Chang	e Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				Delete	TITLE NAME STREET ADDRI CITY-ST-ZIP				☐ Chang	
12. I hereby indicated of the column changed	certify that the don this report poration or the or on an att	e information supplied with the or supplemental report the receiver or trustee engachment with an address.	h this filing is true and sowered to with all of	does not qualify for accurate and that be execute this report the like empowered	or the exemption my signature sh Las required by I.	ns contained all have the Chapter 61	d in Chapter 119, Flo same legal effect as 7, Florida Statutes; ar	rida Statutes. I fu if made under ca nd that my name	orther certify that the other that I am an office appears in Block 10	e information cer or director or Block 11 if