2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000004957

FILED Apr 29, 2009 Secretary of State

Entity Name: IMMIGRANTS RIGHTS ADVOCACY CENTER, INC.

Current P	rincipal Place	of Bus	iness:		New Principal Plac	e of Business:
3333 REN 209	AISSANCEBLV	/D.				
	PRINGS, FL 3	4134	US			
Current M	lailing Addres	is:			New Mailing Addre	ess:
3333 REN	AISSANCE BLY	VD.			P.O. BOX 112097	
209 BONITA SI	PRINGS, FL 3	34134	US		NAPLES, FL 34108	0135 US
	: 20-1155650		umber Applied For () FEIN	umber Not Applicable ()	Certificate of Status Desired (X)
			Registered Agen	•		s of New Registered Agent:
3333 REN 209	IEZ, FRANK AISSANCE BLY PRINGS, FL 3		JS			
	named entity s	cubmite	this statement for	the nurnose	of changing its registe	red office or registered agent, or both,
	of Florida.	Submits	tino statement for	tile pui pose	or onlying its registe	
n the State	e of Florida.	subiliits	this statement for	ше ригрозе	or origing to regiote	
n the State	e of Florida. RE:		ature of Registered		, or onanging to registe	Date
n the State	e of Florida. RE:	nic Signa				
n the State	e of Florida. RE: Electron S AND DIREC	nic Signa TORS:) Delete NDA ANCE BL	ature of Registered			Date
n the State SIGNATUF DFFICERS Fitle: Name: Address:	e of Florida. RE: Electron S AND DIREC PD () DUSTIN, YOLAN 3333 RENAISS/ BONITA SPRING	TORS:) Delete NDA ANCE BL' GS, FL 3) Delete ANCE BL	ature of Registered VD. STE 209 4134 US VD STE 209		ADDITIONS/CHANGE Title: Name: Address:	Date GES TO OFFICERS AND DIRECTOR
n the State BIGNATUF DFFICERS Title: Name: Address: City-St-Zip: Name: Address:	e of Florida. RE: Electron S AND DIREC PD () DUSTIN, YOLAN 3333 RENAISS, BONITA SPRING VPD () PINA, ALBERT 3333 RENAISS, BONITA SPRING	TORS:) Delete NDA ANCE BL' (GS, FL 3) Delete ANCE BL' GS, FL 3) Delete RFIRIA M ANCE BL'	ature of Registered VD. STE 209 84134 US VD STE 209 84134 US		ADDITIONS/CHANGE Title: Name: Address: City-St-Zip: Title: Name: Address:	Date GES TO OFFICERS AND DIRECTOI () Change () Addition

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: FRANK RODRIGUEZ MGR 04/29/2009