

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000010022

FILED
Mar 06, 2008
Secretary of State

Entity Name: ASOC. DE SANTIAGUEROS DOMINICANOS DE LA FLORIDA, INC.

Current Principal Place of Business:

4554 NW 183TH ST.
MIAMI, FL 33055

New Principal Place of Business:

Current Mailing Address:

4554 NW 183TH ST.
MIAMI, FL 33055

New Mailing Address:

FEI Number: 22-3914975

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GARCIA, MIGUELINA
4554 NW 183TH ST.
MIAMI, FL 33055 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: GARCIA, MIGUELINA
Address: 4554 NW 183TH ST.
City-St-Zip: MIAMI, FL 33055

Title: D () Delete
Name: SANCHEZ, EUSEBIO
Address: 350 N.E. 71TH ST.
City-St-Zip: MIAMI, FL 33138

Title: D () Delete
Name: GARCIA, VILMA
Address: 1162 W. 39TH TERR.
City-St-Zip: HIALEAH, FL 33012

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: MIGUELINA GARCIA

PRES

03/06/2008

Electronic Signature of Signing Officer or Director

Date