

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000010172

FILED
Mar 12, 2007
Secretary of State

Entity Name: COLOMBIAN ASSOCIATION OF NORTH FLORIDA, INC.

Current Principal Place of Business:

266 AQUARIUS CR. W
JACKSONVILLE, FL 32216 US

New Principal Place of Business:

8384 BAYMEADOWS RD
SUITE # 2
JACKSONVILLE, FL 32256 US

Current Mailing Address:

8384 BAYMEADOWS RD.
SUITE #2
JACKSONVILLE, FL 32256 US

New Mailing Address:

P.O. BOX 57922
JACKSONVILLE, FL 32241 US

FEI Number: 20-1803125

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FASHNER, JUDITH L
266 AQUARIUS CIRCLE WEST
JACKSONVILLE, FL 32216 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: P,D () Delete
Name: FASHNER, JUDITH
Address: 266 AQUARIUS CR. W
City-St-Zip: JACKSONVILLE, FL 32216 US

Title: VP,D () Delete
Name: RUBIELA, VALERO
Address: 3406 HICKORY HAMMOCK RD.
City-St-Zip: JACKSONVILLE, FL 32256

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: T, D () Change (X) Addition
Name: BARRERA, JOSE A
Address: 2464 WINCHESTER LANE
City-St-Zip: ST. AUGUSTINE, FL 32092

I hereby certify that the information supplied with this filing does not qualify for the 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: JUDITH FASHNER

P

03/12/2007

Electronic Signature of Signing Officer or Director

_____ Date