

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000010391

FILED
Jan 14, 2008
Secretary of State

Entity Name: FLORIDA IMMIGRANT COALITION, INC.

Current Principal Place of Business:

3000 BISCAYNE BOULEVARD
SUITE 400
MIAMI, FL 33137 US

Current Mailing Address:

3000 BISCAYNE BOULEVARD
SUITE 400
MIAMI, FL 33137 US

New Principal Place of Business:

8325 NE 2ND AVENUE
SUITE 206
MIAMI, FL 33138 US

New Mailing Address:

8325 NE 2ND AVENUE
SUITE 206
MIAMI, FL 33138 US

FEI Number: 20-2123833

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RODRIGUEZ, MARIA
910 BAY DRIVE
#13
MIAMI BEACH, FL 33141 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/P () Delete
Name: BASTIEN, MARLEINE
Address: 8340 NE 2ND AVENUE #212
City-St-Zip: MIAMI, FL 33138

Title: DVP () Delete
Name: MARTINEZ, HERMAN
Address: 10700 CARIBBEAN BLVD. #301
City-St-Zip: MIAMI, FL 33189 US

Title: D/S () Delete
Name: ZAYAS, PRISCILLA
Address: 300 MALABAR ROAD SE
City-St-Zip: PALM BAY, FL 32907

Title: D/T (X) Delete
Name: JIMENEZ, MARIA
Address: CENTRO CAMPESINO
City-St-Zip: WINTER HAVEN, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D/P (X) Change () Addition
Name: BASTIEN, MARLEINE
Address: 8325 NE 2ND AVENUE, SUITE 100
City-St-Zip: MIAMI, FL 33138 US

Title: D/S (X) Change () Addition
Name: ZAYAS, PRISCILLA
Address: 300 MALABAR ROAD SE
City-St-Zip: PALM BAY, FL 32907 US

Title: D/T (X) Change () Addition
Name: JIMENEZ, MARIA
Address: 255 SOUTH CAROLINA AVENUE
City-St-Zip: LAKE ALFRED, FL 33850 US

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: MARIA RODRIGUEZ

D

01/14/2008

Electronic Signature of Signing Officer or Director

Date