

2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Jan 28, 2008
Secretary of State

DOCUMENT# N04000010391

Entity Name: FLORIDA IMMIGRANT COALITION, INC.**Current Principal Place of Business:**8325 NE 2ND AVENUE
SUITE 206
MIAMI, FL 33138 US**New Principal Place of Business:****Current Mailing Address:**8325 NE 2ND AVENUE
SUITE 206
MIAMI, FL 33138 US**New Mailing Address:****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: 8325 NE 2ND AVENUE, SUITE 100
City-St-Zip: MIAMI, FL 33138 US**Title:** D/S () Delete
Name: ZAYAS, PRISCILLA
Address: 300 MALABAR ROAD SE
City-St-Zip: PALM BAY, FL 32907 US**Title:** D/T () Delete
Name: JIMENEZ, MARIA
Address: 255 SOUTH CAROLINA AVENUE
City-St-Zip: LAKE ALFRED, FL 33850 US**Title:** () Delete
Name:
Address:
City-St-Zip:**Title:** () Delete
Name:
Address:
City-St-Zip:**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:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** D () Change (X) Addition
Name: AL-SAHLI, CHARU
Address: 3000 BISCAYNE BOULEVARD, SUITE 400
City-St-Zip: MIAMI, FL 33137 US**Title:** D () Change (X) Addition
Name: CANTAVE, WINNIE
Address: 14645 NW 77TH AVENUE, SUITE 201
City-St-Zip: MIAMI LAKES, FL 33014 US**Title:** D () Change (X) Addition
Name: CABRIALES, IRMA
Address: 8245 BUSINESS PARK DRIVE
City-St-Zip: PORT ST. LUCIE, FL 34952 US

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

01/28/2008

Electronic Signature of Signing Officer or Director

Date