

2011 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Apr 28, 2011
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:** S
Name: PORTILLO, SARAI
Address: 8325 NE 2ND AVE
City-St-Zip: MIAMI, FL 33138**Title:** D
Name: AL-SAHLI, CHARU
Address: 3000 BISCAYNE BLVD., STE. 400
City-St-Zip: MIAMI, FL 33137**Title:** P
Name: VILLANUEVA, LOURDES
Address: 2801 W JOE SANCHEZ RD
City-St-Zip: PLANT CITY, FL 33565**Title:** VP
Name: MORENO, TIRSO
Address: 1264 APOKA BOULEVARD
City-St-Zip: APOKA, FL 32703**Title:** T
Name: HIRAM, GRANDOIT
Address: 4690 LIPSCOMB ST NE STE 6F
City-St-Zip: PALM BAY, FL 32905**Title:** D
Name: FRIED, JONATHAN
Address: P.O BOX 344116
City-St-Zip: FLORIDA CITY, FL 33034

I hereby 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 all other like empowered.

SIGNATURE: MARIA RODRIGUEZ

ED

04/28/2011

Electronic Signature of Signing Officer or Director

Date