

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 09, 2006 08:00 AM
Secretary of State

DOCUMENT # N04000010627

1. Entity Name
LATIN AMERICAN MOTORCYCLE ASSOCIATION, MIAMI
CHAPTER, INC.



Principal Place of Business 4259 SW 97TH COURT MIAMI, FL 33165	Mailing Address 4259 SW 97TH COURT MIAMI, FL 33165
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DO NOT WRITE IN THIS SPACE



01032006 No Chg-NP CR2E037 (11/05)

4. FEI Number 20-1880732	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ALVAREZ, NESTOR
3971 SW 8TH STREET
#209
CORAL GABLES, FL 33134

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IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE 1/3/06

Signature typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reappointing)

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD NESTOR, ALVAREZ 3971 SW 8 STREET, SUITE 209 CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD FERIA, JAIRO E 13120 S.W. 111 AVENUE MIAMI, FL 33176
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD PALENZUELA, FERNANDO R 4259 SW 97TH CT MIAMI, FL 33165
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD ROCA, LUIS E 7700 S.W. 68 TERRACE MIAMI, FL 33122
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

000000380692
01/11/06-80024-011 61.25

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Nestor Alvarez 1/3/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #