2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2008
Secretary of State

DOCUMENT# N05000000383

Entity Name: LATIN-AMERICAN MOTORCYCLE ASSOCIATION (LAMA) ORLANDO, INC.

Current Principal Place of Business:

544 W CENTRAL BLVD
ORLANDO, FL 32801

New Principal Place of Business:

6835 NARCOSSEE ROAD
UNIT 23
ORLANDO, FL 32822

Current Mailing Address:

6471 LAKE PEMBROKE PLACE
ORLANDO, FL 32829

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

ISLA, JOSE
6471 LAKE PEMBROKE PLACE
ORLANDO, FL 32829 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	( ) Delete
Name:	ISLA, JOSE	
Address:	6471 LAKE PEMBROKE PLACE	
City-St-Zip:	ORLANDO, FL 32829	
Title:	V	( ) Delete
Name:	BOCCHECIANP, VICTOR	
Address:	6471 LAKE PEMBROKE PLACE	
City-St-Zip:	ORLANDO, FL 32829	
Title:	S	( ) Delete
Name:	CARDENA, EDUARDO	
Address:	6471 LAKE PEMBROKE PLACE	
City-St-Zip:	ORLANDO, FL 32829	
Title:	T	( ) Delete
Name:	GOSS, ROBERT	
Address:	6471 LAKE PEMBROKE PLACE	
City-St-Zip:	ORLANDO, FL 32829	
Title:	D	( ) Delete
Name:	RODRIGUEZ, JESUS	
Address:	6471 LAKE PEMBROKE PLACE	
City-St-Zip:	ORLANDO, FL 32829	
Title:	D	( ) Delete
Name:	MIRANDA, MANUEL	
Address:	6471LAKE PEMBROKE PLACE	
City-St-Zip:	ORLANDO, FL 32829	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	V	(X) Change ( ) Addition
Name:	CAPAZ, CARLOS	
Address:	6471 LAKE PEMBROKE PLACE	
City-St-Zip:	ORLANDO, FL 32829	
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:		( ) 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: JOSE ISLA P 04/03/2008

Electronic Signature of Signing Officer or Director — Date