

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000000383

FILED  
Apr 23, 2009  
Secretary of State

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

**Current Principal Place of Business:**

6835 NARCOSSEE ROAD  
UNIT 23  
ORLANDO, FL 32822

**New Principal Place of Business:**

**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: CAPAZ, CARLOS  
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: 6471 LAKE 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, GEORGE  
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

04/23/2009

Electronic Signature of Signing Officer or Director

Date