

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000002403

FILED  
Apr 27, 2006  
Secretary of State

Entity Name: DOMINICAN AMERICAN NATIONAL CHAMBER OF COMMERCE OF FLORIDA, INC.

**Current Principal Place of Business:**

1885 W FLAGLER ST #11  
MIAMI, FL 33135

**New Principal Place of Business:**

**Current Mailing Address:**

1885 W FLAGLER ST #11  
MIAMI, FL 33135

**New Mailing Address:**

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

**Name and Address of Current Registered Agent:**

CABRERA, VICTOR  
1885 W FLAGLER ST #11  
MIAMI, FL 33135 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: PD ( ) Delete  
Name: MOREL, RAFAEL  
Address: 1885 W FLAGLER ST #11  
City-St-Zip: MIAMI, FL 33135

Title: VD ( ) Delete  
Name: CABRERA, VICTOR  
Address: 1885 W FLAGLER ST #11  
City-St-Zip: MIAMI, FL 33135

Title: TD ( ) Delete  
Name: RAMIREZ, JUAN E  
Address: 1885 W FLAGLER ST #11  
City-St-Zip: MIAMI, FL 33135

Title: SD ( ) Delete  
Name: CASTILLO, PEDRO  
Address: 1885 W FLAGLER ST #11  
City-St-Zip: MIAMI, FL 33135

Title: D ( ) Delete  
Name: ABAD, LUIS F  
Address: 2430 NW 36 STREET  
City-St-Zip: MIAMI, FL 33142

**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: ( ) 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 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: RAFAEL MOREL

PD

04/27/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date