

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000002403

FILED
Apr 29, 2008
Secretary of State

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

Current Principal Place of Business:

6601 SW 6 STREET
MIAMI, FL 33144

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 33144-1625
MIAMI, FL 33144

New Mailing Address:

FEI Number: 20-2469409

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CASTILLO, PEDRO
6601 SE 6 STREET
MIAMI, FL 33144 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: PEDRO, CASTILLO
Address: 6601 SW 6 STREET
City-St-Zip: MIAMI, FL 33135

Title: VD () Delete
Name: CASTILLO, DOMINGO
Address: 6601 SW 6 ST
City-St-Zip: MIAMI, FL 33144

Title: TD () Delete
Name: CASTILLO, JOSE R
Address: 22600 SW 108 PL
City-St-Zip: MIAMI, FL 33170

Title: SD () Delete
Name: ANGELES, IVELISSE
Address: 6601 SW 6 STREET
City-St-Zip: MIAMI, FL 33144

Title: D () Delete
Name: SANCHEZ, MARTIN
Address: 6601 SW 6 STREET
City-St-Zip: MIAMI, FL 33144

Title: D () Delete
Name: BATISTA, LEO
Address: 6601 SW 6 STREET
City-St-Zip: MIAMI, FL 33144

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:

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: PEDRO CASTILLO

PD

04/29/2008

Electronic Signature of Signing Officer or Director

_____ Date