

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000008173

FILED
May 02, 2009
Secretary of State

Entity Name: LIGA DOMINICANA 27 DE FEBRERO, INC.

Current Principal Place of Business:

6647 RIVO ALTO AVENUE
ORLANDO, FL 32809 US

New Principal Place of Business:

Current Mailing Address:

6647 RIVO ALTO AVENUE
ORLANDO, FL 32809 US

New Mailing Address:

FEI Number: 20-4205191 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

LUGO, TONY
6647 RIVO ALTO AVENUE
ORLANDO, FL 32809 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: LUGO, TONY
Address: 6647 RIVO ALTO AVENUE
City-St-Zip: ORLANDO, FL 32809

Title: S () Delete
Name: LUGO, JUANA
Address: 6647 RIVO ALTO AVENUE
City-St-Zip: ORLANDO, FL 32809

Title: TREA () Delete
Name: SABINO, GUILLERMO
Address: 2536 WOODGATE BLVD.
City-St-Zip: ORLANDO, FL 32822

Title: VP () Delete
Name: BRANAGAN, JOSE
Address: 6647 RIVO ALTO AVENUE
City-St-Zip: ORLANDO, FL 32809

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:

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: GUILLERMO SABINO

TRE

05/02/2009

Electronic Signature of Signing Officer or Director

Date