


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 06, 2008 8:00 am
Secretary of State

05-05-2008 90244 040 ****61.25

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DOCUMENT # N06000002565					
1. Entity Name CONGRESS OF LEADERS OF FLORIDA, INC.					
Principal Place of Business 17905 CACHET ISLE TAMPA, FL 33647			Mailing Address 17905 CACHET ISLE TAMPA, FL 33647		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number APPLIED FOR 20-4561805	
5. Certificate of Status Desired <input type="checkbox"/>				<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
RAMOS, JOSE S 17905 CACHET ISLE TAMPA, FL 33647			Name Street Address (P.O. Box Number is Not Acceptable) City		
			FL Zip Code		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BRIZZIE, HILDA		NAME		
STREET ADDRESS	306 E. BULLARK PARKWAY		STREET ADDRESS		
CITY-ST-ZIP	TEMPLE TERRACE, FL 33617		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FERRER, MARIA E		NAME		
STREET ADDRESS	306 E. BULLARK PARKWAY		STREET ADDRESS		
CITY-ST-ZIP	TEMPLE TERRACE, FL 33617		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BIGAS, EDGARDO		NAME		
STREET ADDRESS	306 E. BULLARK PARKWAY		STREET ADDRESS		
CITY-ST-ZIP	TEMPLE TERRACE, FL 33617		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	RIVERA, JOSE J DR.		NAME		
STREET ADDRESS	306 E. BULLARK PARKWAY		STREET ADDRESS		
CITY-ST-ZIP	TEMPLE TERRACE, FL 33617		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DIAGO, CARLO		NAME		
STREET ADDRESS	306 E. BULLARK PARKWAY		STREET ADDRESS		
CITY-ST-ZIP	TEMPLE TERRACE, FL 33617		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	REYES, ANGEL DR.		NAME		
STREET ADDRESS	306 E. BULLARK PARKWAY		STREET ADDRESS		
CITY-ST-ZIP	TEMPLE TERRACE, FL 33617		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 118, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 817, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Javi Ramos Agent 4/30/08</u> 813-902-8456					
<small>SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					