

2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N06000004828

FILED
Jun 20, 2008
Secretary of State

Entity Name: PUERTO RICO CHAMBER OF COMMERCE OF NORTHEAST FLORIDA, INC.

Current Principal Place of Business:

P. O. BOX 440278
JACKSONVILLE, FL 32222

New Principal Place of Business:

4800 SADDLEHORN TRAIL
MIDDLEBURG, FL 32068

Current Mailing Address:

P. O. BOX 440278
JACKSONVILLE, FL 32222

New Mailing Address:

4800 SADDLEHORN TRAIL
MIDDLEBURG, FL 32068

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

Name and Address of New Registered Agent:

ALEJANDRO, NILDA
4800 SADDLEHORN TRAIL
MIDDLEBURG, FL 32068 US

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: NILDA ALEJANDRO

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: GUZMAN, DAMIAN
Address: 9378 ARLINGTON EXPRESSWAY # 163
City-St-Zip: JACKSONVILLE, FL 32225

Title: VP () Delete
Name: MEDINA, ANTHONY
Address: 5900 PICKETSVILLE RD.
City-St-Zip: JACKSONVILLE, FL 32254

Title: S () Delete
Name: EVANS, BOBBY
Address: 206 SPRUCE STREET
City-St-Zip: JACKSONVILLE, FL 32204

Title: T (X) Delete
Name: MORALES, DALMASIO
Address: 900 CESERY BLVD., SUITE 104B
City-St-Zip: JACKSONVILLE, FL 32211

Title: BOD (X) Delete
Name: ALEJANDRO, NILDA
Address: 4800 SADDLEHORN TRAIL
City-St-Zip: MIDDLEBURG, FL 32068

Title: BOD (X) Delete
Name: GRAU, JUAN C
Address: 4800 SADDLEHORN TRAIL
City-St-Zip: MIDDLEBURG, FL 32068

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: ALEJANDRO, NILDA
Address: 4800 SADDLEHORN TRAIL
City-St-Zip: MIDDLEBURG, FL 32068

Title: D (X) Change () Addition
Name: RIVERA, MANUEL E
Address: 4320 SUNBEAM RD, APT. 513
City-St-Zip: JACKSONVILLE, FL 32257

Title: S (X) Change () Addition
Name: CASTILLO, LINA
Address: 4320 SUNBEAM RD, APT. 513
City-St-Zip: JACKSONVILLE, FL 32257

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: NILDA ALEJANDRO

P

06/20/2008

Electronic Signature of Signing Officer or Director

Date