

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N06000004828

**FILED**  
**Jan 26, 2012**  
**Secretary of State**

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

**Current Principal Place of Business:**

10960 BEACH BOULEVARD - UNIT 115  
JACKSONVILLE, FL 32246

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 16186  
JACKSONVILLE, FL 32245

**New Mailing Address:**

**FEI Number:** 20-0738679

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ALEJANDRO, NILDA  
10960 BEACH BOULEVARD - UNIT 115  
JACKSONVILLE, FL 32246 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  
Name: ALEJANDRO, NILDA  
Address: P.O.BOX 16186  
City-St-Zip: JACKSONVILLE, FL 32246

Title: VP  
Name: SABEK, LESLIE  
Address: 12021 MCCORMICK RD., APT. 701  
City-St-Zip: JACKSONVILLE, FL 32225

Title: S  
Name: CASTILLO, LINA  
Address: 2445 TOWNSQUARE DR.  
City-St-Zip: JACKSONVILLE, FL 32216

Title: T  
Name: PELLINO, MARTHA  
Address: 260 WATERS EDGE DRIVE SOUTH  
City-St-Zip: PONTE VEDRA, FL 32082

I hereby 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 all other like empowered.

SIGNATURE: NILDA ALEJANDRO

P

01/26/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date