2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000009369

FILED Feb 24, 2007 Secretary of State

Entity Name: BORINQUENFEST OF PALM BEACH COUNTY AND FLORIDA, INC.

Current Principal Place of Business:			New Principal Pla	New Principal Place of Business:	
1121 SUMN	IIT PL CIR				
A WEST PAL	M BEACH, FL	33415			
Current Mailing Address:			New Mailing Add	New Mailing Address:	
P.O. BOX 1 WEST PAL	7256 M BEACH, FL	33416			
FEI Number: 20-5497920 FEI Number Applied For() FEI Nu			FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of Cเ	ırrent Registered Agent:	Name and Addres	s of New Registered Agent:	
RIOS, MIGL 1121 SUMN					
A WEST PAL	M BEACH, FL	33415 US			
The above in the State		ubmits this statement for the pu	rpose of changing its registe	ered office or registered agent, or both,	
SIGNATUR	E:				
	Electronic	Signature of Registered Agen	t	Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHAP	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	RIOS, MIGUEL A P.O. BOX 17256	Oelete ACH, FL 33416 US	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	RIOS, CARMEN I P.O. BOX 17256	Delete ACH, FL 33416 US	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	RIOS, MICHELE P.O. BOX 17256	Delete M ACH, FL 33416 US	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	DIR () E RIOS-SCHEURE P.O. BOX 17256 WEST PALM BEA		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	SCHEURER, MAI P.O. BOX 17256	Delete RC ACH, FL 33415 US	Title: Name: Address: City-St-Zip:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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: MIGUEL A RIOS PCEO 02/24/2007