

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000009845

FILED
May 01, 2007
Secretary of State

Entity Name: THE BIG APPLE LATIN CLUB, INC.

Current Principal Place of Business:

212 FOXTAIL DRIVE
G
GREENACRES, FL 33415

New Principal Place of Business:

Current Mailing Address:

P O BOX 541223
GREENACRES, FL 33463

New Mailing Address:

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () 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:

SILVER, CARLOS
212 FOXTAIL DRIVE
G
GREENACRES, FL 33415 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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SILVER, CARLOS
Address: P.O.BOX 541223
City-St-Zip: GREENCRES, FL 33463

Title: DIR () Delete
Name: JIMENEZ, CESAR SR.
Address: P.O. BOX 541223
City-St-Zip: GREENACRES, FL 33463

Title: DIR () Delete
Name: PAGE, JOHN
Address: P.O. BOX 541223
City-St-Zip: GREENACRES, FL 33463

Title: DIR () Delete
Name: JIMENEZ, BLANCA
Address: P.O. BOX 541223
City-St-Zip: G, FL 33463

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: CESAR JIMENEZ

DIR

05/01/2007

Electronic Signature of Signing Officer or Director

Date