2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000010991

FILED May 01, 2009 Secretary of State

Entity Name: FLORIDA AGENT POLITICAL ACTION NETWORK, INC.

Current Principal Place of Business:		New Principal Place of Business:	
3755 SW 42ND STREET MAMI, FL 33175		6905 CORSICA ST CORAL GABLES, FL 33146	
Current Mailing Address:		New Mailing Address:	
3755 SW 42ND STREET MAMI, FL 33175		6905 CORSICA ST CORAL GABLES, FL 33146	
El Number: 20-5752699 FEl Number Applied For () FEl Number Not Applicable () Certificate of Status Desired () 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:			
vaine and	Address of Garrent Registered Agent.	Name and	Address of New Registered Agent.
ANDREW S. YAGODA, P.A. 1222 PONCE DE LEON BLVD. BUITE 500 CORAL GABLES, FL 33134 US		ACCOUNT ABILITY INC 6905 CORSICA ST CORAL GABLES, FL 33146 US	
he above nother	named entity submits this statement for the purpose of Florida.	of changing it	s registered office or registered agent, or both,
SIGNATUR	E: ALBERT CORRADA		05/01/2009
	Electronic Signature of Registered Agent		Date
DFFICERS AND DIRECTORS:		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
itle: lame: lddress: city-St-Zip:	D () Delete SANCHEZ, RICK 13755 SW 42ND STREET MIAMI, FL 33175	Title: Name: Address: City-St-Zip:	TD (X) Change () Addition OBREGON, MARIO 6701 SUNSET DR, #115 MIAMI, FL 33143
itle: lame: ddress:)ity-St-Zip:	D () Delete COLAO, JUAN A 9961 SW 142 AVE. MIAMI, FL 33186	Title: Name: Address: City-St-Zip:	()Change ()Addition
itle: lame: \ddress: \ity-St-Zip:	D () Delete GONZALEZ, RICK 8103 SW 24TH ST. MIAMI, FL 33155	Title: Name: Address: City-St-Zip:	()Change ()Addition
itle: lame: lddress: Dity-St-Zip:	D () Delete MIRANDA, MANNY 16896 S. DIXIE HWY. MIAMI, FL 33157	Title: Name: Address: City-St-Zip:	()Change ()Addition
ītle: lame: \ddress: City-St-Zip:	D () Delete SANCHEZ, RUBEN 1165 W. 49 STREET, #206 HIALEAH, FL 33012	Title: Name: Address: City-St-Zip:	() Change () Addition
ïtle: lame: \ddress: City-St-Zip:	() Delete	Title: Name: Address: City-St-Zip:	D () Change (X) Addition BRICKMAN, GUY 16969 NW 67TH AVE MIAMI, FL 33015

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: MARIO OBREGON T 05/01/2009