

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000001849

FILED
Jan 09, 2008
Secretary of State

Entity Name: FIESTAS PATRONALES Y PARADAS DE PR, INC.

Current Principal Place of Business:

1620 SPINNING WHEEL DRIVE
LUTZ, FL 33559

New Principal Place of Business:

Current Mailing Address:

PO BOX 2170
LUTZ, FL 33548

New Mailing Address:

FEI Number: 20-8494626

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ACEVEDO, SANDRA
1620 SPINNING WHEEL DR
LUTZ, FL 33559 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: DR () Delete
Name: ACEVEDO, SANDRA
Address: 1620 SPINNING WHEEL DR
City-St-Zip: LUTZ, FL 33559

Title: DR () Delete
Name: SANTIAGO, WANDA
Address: 1620 SPINNING WHEEL DR
City-St-Zip: LUTZ, FL 33559

Title: DR () Delete
Name: RIVERA, GLORIA
Address: 1620 SPINNING WHEEL DR
City-St-Zip: LUTZ, FL 33559

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:

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: SANDRA ACEVEDO

DR

01/09/2008

Electronic Signature of Signing Officer or Director

Date