

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2008 8:00 am
Secretary of State

04-24-2008 90093 040 ****70.00

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1. Entity Name
GRACELAND ESTATES ASSOCIATION, INC.



Principal Place of Business
**3518 NW 36TH STREET
MIAMI, FL 33142**

Mailing Address
**3518 NW 36TH STREET
MIAMI, FL 33142**

40075000



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02112008 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FFI Number

Applied For

26-2386642

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ACHAMBAULT, LOUIS P ESQ
ONE BISCAYNE TOWER STE 2400
2 SOUTH BISCAYNE BLVD
MIAMI, FL 33131**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DPV
COLLAZO, HIRAM
3518 NW 36TH STREET
MIAMI, FL 33142 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
ST
COLLAZO, HIRAM
3518 NW 36TH STREET
MIAMI, FL 33142 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
TAPIA, CHRISTIAN
35 EAST 57TH STREET
HIALEAH, FL 33013 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
RODRIGUEZ, YUSILET
8325 NW 170TH STREET
MIAMI, FL 33015 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Director
Uribe, Luz
15230 NW 37 PL
MIAMI, FL 33054 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

12. I hereby certify that the information submitted with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplementary report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an affidavit with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-11-08

3056346070