

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000006801

FILED
Feb 04, 2009
Secretary of State

Entity Name: LULAC FLORIDA CORP.

Current Principal Place of Business:

8611 SW 21 ST.
MIAMI, FL 33155

New Principal Place of Business:

Current Mailing Address:

8611 SW 21 ST.
MIAMI, FL 33155

New Mailing Address:

FEI Number: 39-2058186

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AGUILERA, BETTINA R
8611 SW 21 ST.
MIAMI, FL 33155 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: PD () Delete
Name: AGUILERA, BETTINA R
Address: 8611 SW 21 ST.
City-St-Zip: MIAMI, FL 33155

Title: VD () Delete
Name: ALVA, JULIO
Address: 2441 SW 142ND PL.
City-St-Zip: MIAMI, FL 33175

Title: TD () Delete
Name: CANINO, ROBERT
Address: 12631 SW 10TH TERR.
City-St-Zip: MIAMI, FL 33184

Title: D () Delete
Name: SEGA, MARI C
Address: 18004 NW 60TH PL.
City-St-Zip: HIALEAH, FL

Title: D () Delete
Name: JASPER, LOURDES
Address: 2323 NW 187TH AVE.
City-St-Zip: PEMBROKE PINES, FL 33029

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:

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: ROBERT E. CANINO

TD

02/04/2009

Electronic Signature of Signing Officer or Director

Date