

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2008 8:00 am
Secretary of State

03-18-2008 90010 023 ****61.25

40047778



02282008 Chg-NP CR2E037 (12/06)

4. FEI Number **26-1963924** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HERNANDEZ, HECTOR ESQ.
2850 DOUGLAS ROAD
SUITE 400
CORAL GABLES, FL 33134

7. Name and Address of New Registered Agent

Name **ESQUIRE CORPORATE SERVICES, INC.**
Street Address (P.O. Box Number is Not Acceptable)
10 N.W. LEJEUNE ROAD, SUITE 500
City **MIAMI** FL Zip Code **33126**

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 _____ (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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
NAME **D BEJERANG, DOMINGO**
STREET ADDRESS **2850 DOUGLAS ROAD, SUITE 400**
CITY-ST-ZIP **CORAL GABLES, FL 33134**

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

TITLE ☐ Delete
NAME **D PEDROSA, MIRTA**
STREET ADDRESS **2850 DOUGLAS ROAD, SUITE 400**
CITY-ST-ZIP **CORAL GABLES, FL 33134**

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

TITLE ☒ Delete
NAME **D HERNANDEZ, ANNA C**
STREET ADDRESS **2850 DOUGLAS ROAD, SUITE 400**
CITY-ST-ZIP **CORAL GABLES, FL 33134**

TITLE ☐ Change ☒ Addition
NAME **ALEIDO HERNANDEZ**
STREET ADDRESS **2850 DOUGLAS ROAD, SUITE 400**
CITY-ST-ZIP **MIAMI, FL 33134**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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CITY-ST-ZIP

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

12. I hereby certify that the information supplied 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 supplemental reports 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 address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/22/08

Date

(786) 552-1010

Daytime Phone #