2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000008349

GOUVEIA, FREDERICO P

NEW YORK, NY 10024

98 RIVERSIDE DRIVE APT 14B

Name:

Address:

City-St-Zip:

PAL - PEACE AFFIRMATION LEGION INC

FILED Jun 16, 2009 Secretary of State

Entity Nai	THE: PAL-PEACE AFFIRMATION LEGIC	IN INC.		
Current Principal Place of Business:		New Principal Place	New Principal Place of Business:	
1190 NE 125 STREET SUITE 19 NORTH MIAMI, FL 33161			965 SOUTH SHORE DRIVE MIAMI BEACH, FL 33141	
Current Mailing Address:		New Mailing Addre	New Mailing Address:	
7957 NW 64TH STREET MIAMI, FL 33166			965 SOUTH SHORE DRIVE MIAMI BEACH, FL 33141	
In accordan	: 26-0828487 FEI Number Applied For() ce with s. 607.193(2)(b), F.S., the corporation did Address of Current Registered Agent:		Certificate of Status Desired () of New Registered Agent:	
MIAMI, FL The above	T FLAGLER STREET	ne purpose of changing its register	ed office or registered agent, or both,	
SIGNATU				
	Electronic Signature of Registered		Date	
OFFICERS AND DIRECTORS:		ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P () Delete COSTA NETTO, MARCELO 965 S. SHORE DRIVE MIAMI BEACH, FL 33141	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VP () Delete COURA, GERALDO C 7545 E. TREASURE DRIVE #9E NORTH BAY VILLAGE, FL 33141	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	T () Delete DE LIMA, ELISEU S 13401 SW 83 AVENUE MIAMI, FL 33156	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title:	S () Delete	Title:	() Change () Addition	

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.

Name:

Address:

City-St-Zip:

SIGNATURE: ELISEU S DE LIMA MR 06/16/2009