

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000010633

FILED  
Apr 20, 2009  
Secretary of State

**Entity Name:** GRUPO FOLKLORICO PANAMA SUENOS Y TRADICIONES, INC.

**Current Principal Place of Business:**

824 CEBU PLACE  
MELBOURNE, FL 32940

**New Principal Place of Business:**

**Current Mailing Address:**

824 CEBU PLACE  
MELBOURNE, FL 32940

**New Mailing Address:**

**FEI Number:** 25-1323742

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

RODRIGUEZ, NEDELYS  
824 CEBU PLACE  
MELBOURNE, FL 32940 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: P ( ) Delete  
Name: RODRIGUEZ, NEDELYS  
Address: 824 CEBU PLACE  
City-St-Zip: MELBOURNE, FL 32940 US

Title: VP ( ) Delete  
Name: NISSENBAUN, JOSE D  
Address: 554 DE WITT AVE N.E.  
City-St-Zip: PALM BAY, FL 32907 US

Title: T ( ) Delete  
Name: PEDRAZA, RAFAEL  
Address: 1895 BLAINE ST. N.E.  
City-St-Zip: PALM BAY, FL 32905 US

Title: S ( ) Delete  
Name: MINER, DALYS  
Address: 2915 KEMBLEWICK DRIVE  
City-St-Zip: MELBOURNE, FL 32935 US

Title: T ( ) Delete  
Name: LINARES, HARIA A  
Address: 5408 AND MARLO WAY #206  
City-St-Zip: ROCKLEDGE, FL 32955

**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: S (X) Change ( ) Addition  
Name: MINERVA, SCOTT  
Address: 3252 ORDEN CIRCLE  
City-St-Zip: MELBOURNE, FL 32934 US

Title: T (X) Change ( ) Addition  
Name: XIOMARA, LARA  
Address: 1214 GOLDEN POND LN  
City-St-Zip: ROCKLEDGE, FL 32955

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: NEDELYS S RODRIGUEZ

P

04/20/2009

Electronic Signature of Signing Officer or Director

Date