

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000000016

FILED
Apr 27, 2008
Secretary of State

Entity Name: PARTIDO INTERNACIONALISTA DEMOCRATICO CORP.

Current Principal Place of Business:

2890 VIRGINIA STREET, #206
COCONUT GROVE, FL 33133

New Principal Place of Business:

Current Mailing Address:

2890 VIRGINIA STREET, #206
COCONUT GROVE, FL 33133

New Mailing Address:

FEI Number: 22-3978483 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 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: MARTINEZ, WILFREDO
Address: 2890 VIRGINIA STREET, #206
City-St-Zip: COCONUT GROVE, FL 33133

Title: VPD () Delete
Name: PEZZINO, THOMAS JR
Address: 2890 VIRGINIA STREET, #206
City-St-Zip: COCONUT GROVE, FL 33133

Title: SD () Delete
Name: GONZALEZ, ARACELIA
Address: 2890 VIRGINIA STREET, #206
City-St-Zip: COCONUT GROVE, FL 33133

Title: T () Delete
Name: GRANADO, CALIDAD
Address: 2890 VIRGINIA STREET, #206
City-St-Zip: COCONUT GROVE, FL 33133

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:

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: WILFREDO MARTINEZ

PD

04/27/2008

Electronic Signature of Signing Officer or Director

_____ Date