

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 26, 2009  
Secretary of State**

DOCUMENT# N08000000016

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

04/26/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date