

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000001100

FILED
Mar 29, 2009
Secretary of State

Entity Name: DOMINICAN CHAMBER OF COMMERCE OF CENTRAL FLORIDA, INC.

Current Principal Place of Business:

544 OAK BRANCH CIRCLE
KISSIMMEE, FL 34758

New Principal Place of Business:

Current Mailing Address:

544 OAK BRANCH CIRCLE
KISSIMMEE, FL 34758

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

PUESAN, LUIS P
544 OAK BRANCH CIRCLE
KISSIMMEE, FL FL 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: PUESAN, LUIS P
Address: 544 OAK BRANCH CIRCLE
City-St-Zip: KISSIMMEE, FL 34758

Title: VP () Delete
Name: PUESAN, FATIMA O
Address: 544 OAK BRANCH CIRCLE
City-St-Zip: KISSIMMEE, FL 34758

Title: SEC () Delete
Name: PUESAN, LOUIS
Address: 4300 BROADWAY APT 4B
City-St-Zip: NEW YORK, NY 10032

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: EXD (X) Change () Addition
Name: PUESAN, FATIMA O
Address: 544 OAK BRANCH CIRCLE
City-St-Zip: KISSIMMEE, FL 34758

Title: VP (X) Change () Addition
Name: MATTHEW, NELSON
Address: 544 OAK BRANCH CIRCLE
City-St-Zip: KISSIMMEE, FL 34758

Title: TRS () Change (X) Addition
Name: PEÑA, MINELLY
Address: 544 OAK BRANCH CIRCLE
City-St-Zip: KISSIMMEE, FL 34758

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: LUIS P PUESAN

P

03/29/2009

Electronic Signature of Signing Officer or Director

Date