2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000001173

FILED Apr 28, 2009 Secretary of State

Entity Name: COLONIAL HERITAGE OF FLORIDA, INC.					
Current Principal Place of Business:			New Principal Place of Business:		
3220 N.W. MIAMI, FL	7TH AVENUE 33127				
Current Mailing Address:			New Mailing Address:		
3220 N.W. MIAMI, FL	7TH AVENUE 33127				
FEI Number:	80-0342512	FEI Number Applied For()	FEI Number Not Appli	licable () Certificate of Status Desired ()	
Name and Address of Current Registered Agent: Name and Address of New R				Address of New Registered Agent:	
FITZGERALD, J. PATRICK ESQ 110 MERRICK WAY, SUITE 3-B CORAL GABLES, FL 33134 US					
The above in the State		ubmits this statement for the pu	irpose of changing it	ts registered office or registered agent, or both,	
SIGNATUR					
Electronic Signature of Registered Age			nt	Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	PTD () MENENDEZ, JO: 3220 N.W. 7TH / MIAMI, FL 3312	AVENUE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	SD () HERIA, FERNAN 8725 S.W. 32ND MIAMI SHORES,	STREET	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () BUSTAMANTE, A 2512 PERSHING ORLANDO, FL 3	OAKS PLACE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:			Title: Name: Address: City-St-Zip:	VPD (X) Change () Addition RAMOS, MARCOS ANTONIO REV 2765 S.W. 32ND COURT MIAMI, FL 33133	
Title:	D ()	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: REV. JOSE MENENDEZ PTD 04/28/2009

CAPDEPON, FEDERICO REV

MIAMI SHORES, FL 33138

9301 BISCAYNE BLVD

Name:

Address:

City-St-Zip: