

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000004039

FILED  
Feb 28, 2011  
Secretary of State

**Entity Name:** EL COQUI DOMINOES CLUB, INC.

**Current Principal Place of Business:**

4021 SPRING BREEZE DRIVE  
ORLANDO, FL 32829

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 621801  
ORLANDO, FL 328621801

**New Mailing Address:**

**FEI Number:** 26-2539869

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CRUZ, JOSE A  
4021 SPRING BREEZE DR.  
ORLANDO, FL 32829 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  
Name: CRUZ, JOSE A  
Address: 4021 SPRING BREEZE DR.  
City-St-Zip: ORLANDO, FL 32829

Title: V  
Name: RINCON, RAFAEL  
Address: 3918 SEABRIDGE DRIVE  
City-St-Zip: ORLANDO, FL 32839

Title: S  
Name: HERNANDEZ, LUISA R  
Address: 5057 COMMANDER DR. #918  
City-St-Zip: ORLANDO, FL 32822

Title: T  
Name: CABEZUDO, JOSE  
Address: 6625 ABEYDON CT  
City-St-Zip: ORLANDO, FL 32818

Title: D  
Name: HERNANDEZ, ANGEL  
Address: 5057 COMMANDER DR. #918  
City-St-Zip: ORLANDO, FL 32822

I hereby 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 all other like empowered.

SIGNATURE: JOSE CRUZ

P

02/28/2011

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

\_\_\_\_\_  
Date