

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000006279

FILED
May 01, 2009
Secretary of State

Entity Name: FEDERACION INTERNACIONAL DE DOMINO, INC.

Current Principal Place of Business:

269 MAGNOLIA PARK TR
SEMINOLE, FL 32773

New Principal Place of Business:

17018 SW 143 PL
MIAMI, FL 33177

Current Mailing Address:

P O BOX 526
SANFORD, FL 32771

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

GUITTARD, LUCAS
17018 SW 143 PL
MIAMI, FL 33177 US

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: GUITTARD, LUCAS
Address: 17018 SE 143 PL
City-St-Zip: MIAMI, FL 33177

Title: VP () Delete
Name: ARIAS, RICARDO
Address: 17018 SW 143 PL
City-St-Zip: MIAMI, FL 33177

Title: T () Delete
Name: OQUENDO, MANUEL
Address: 269 MAGNOLIA PARK TR
City-St-Zip: SANFORD, FL 32773

Title: S () Delete
Name: BUITRAGO, JULIO
Address: 17018 SW 143 PL
City-St-Zip: MIAMI, FL 33177

Title: V () Delete
Name: BASCUNANA, DANIEL
Address: 17018 SW 143 PL
City-St-Zip: MAIMI, FL 33177

Title: V () Delete
Name: SCHAAFFE, RUDDY
Address: 17018 SW 143 PL
City-St-Zip: MAIMI, FL 33177

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:

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: LUCAS GUITTARD

P

05/01/2009

Electronic Signature of Signing Officer or Director

Date