

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000006551

FILED  
Apr 30, 2009  
Secretary of State

**Entity Name:** COMMUNITY IMPROVEMENT ORGANIZATION, INC.

**Current Principal Place of Business:**

10850 NW 82 TERRACE  
11  
DORAL, FL 33178

**New Principal Place of Business:**

**Current Mailing Address:**

10850 NW 82 TERRACE  
11  
DORAL, FL 33178

**New Mailing Address:**

**FEI Number:** 80-0217241

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

PAGUADA, CARLOS  
10850 NW 82 TERRACE  
11  
DORAL, FL 33178 US

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

PAGUADA, CARLOS A  
10850 NW 82 TERRACE  
11  
DORAL, FL 33178 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: CARLOS A PAGUADA

04/30/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: PAGUADA, IRIS  
Address: 10850 NW 82 TERRACE 11  
City-St-Zip: DORAL, FL 33178 US

Title: DT ( ) Delete  
Name: PAGUADA, JUAN C  
Address: 10850 NW 82 TERRACE 11  
City-St-Zip: DORAL, FL 33178 US

Title: DS ( ) Delete  
Name: PAGUADA, CESAR A  
Address: 10850 NW 82 TERRACE 11  
City-St-Zip: DORAL, FL 33178 US

Title: D ( ) Delete  
Name: PAGUADA, CARLOS A  
Address: 10850 NW 82 TERRACE  
City-St-Zip: DORAL, FL 33178 US

**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: IRIS PAGUADA

P

04/30/2009

Electronic Signature of Signing Officer or Director

Date