## 2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N08000006551

FILED Sep 11, 2009 Secretary of State

Entity Name: COMMUNITY IMPROVEMENT ORGANIZATION, INC.

**Current Principal Place of Business: New Principal Place of Business:** 

10850 NW 82 TERRACE 6280 WEST 21ST CT HIALEAH, FL 33016

DORAL, FL 33178

**New Mailing Address: Current Mailing Address:** 

10850 NW 82 TERRACE 6280 WEST 21ST CT

HIALEAH, FL 33016 US DORAL, FL 33178

FEI Number: 80-0217241 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

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

PAGUADA, CARLOS A 10850 NW 82 TERRACE 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:

City-St-Zip:

Date

Electronic Signature of Registered Agent

HIALEAH, FL 33016 US

US

## **OFFICERS AND DIRECTORS:**

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change ( ) Addition () Delete PAGUADA, IRIS ROMERO, JORGE A ACCOUNT Name: Name: 10850 NW 82 TERRACE 11 Address: 6421 WEST 22ND CT Address: HIALEAH, FL 33016 US City-St-Zip: DORAL, FL 33178 US City-St-Zip:

Title: Title: (X) Change ( ) Addition ( ) Delete PAGUADA, JUAN C Name: DE LA CRUZ, YIOSET MAYOR Name:

Address: 10850 NW 82 TERRACE 11 Address: 10187 NW 130TH

HIALEAH GARDENS, FL 33018 US City-St-Zip: DORAL, FL 33178 US City-St-Zip:

Title: () Delete Title: (X) Change ( ) Addition SPECK, MARGARET NURSE R PAGUADA, CESAR A Name: Name: 10850 NW 82 TERRACE 11 11521 SW 119TH PLACE RD Address: Address: City-St-Zip: **DORAL, FL 33178 US** City-St-Zip: MIAMI, FL 33186 US

Title: Title: (X) Change ( ) Addition ( ) Delete Name: PAGUADA, CARLOS A Name: LAGO, PABLO PASTOR

10850 NW 82 TERRACE 19146 NW 78TH CT Address: Address: City-St-Zip: DORAL, FL 33178 US City-St-Zip: HIALEAH, FL 33015 US

Title: () Delete Title: ( ) Change (X) Addition PAGUADA, CESAR A THECNGY Name: Name: 7532 WEST 20 AVENUE #204 Address: Address:

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.

City-St-Zip:

SIGNATURE: CESAR A PAGUADA DS 09/11/2009