

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000008331

FILED  
Apr 30, 2012  
Secretary of State

**Entity Name:** NATIONAL PUERTO RICO CHAMBER OF COMMERCE, INC.

**Current Principal Place of Business:**

3550 BISCAYNE BLVD  
306  
MIAMI, FL 33137 US

**New Principal Place of Business:**

**Current Mailing Address:**

3550 BISCAYNE BLVD  
306  
MIAMI, FL 33137 US

**New Mailing Address:**

**FEI Number:** 26-3746688      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

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

RIOS, MIGUEL (MIKE) A  
1121 SUMMIT PLACE CIR  
WEST PALM BEACH, FL 33415 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:** CHR  
**Name:** BIGAS, EDGARDO  
**Address:** 100 TETUAN STREET  
**City-St-Zip:** OLD SAN JUAN, PR 00901 US

**Title:** DIRP  
**Name:** DEROSA, LUIS  
**Address:** 3550 BISCAYNE BLVD SUITE 306  
**City-St-Zip:** MIAMI, FL 33137 US

**Title:** DVP  
**Name:** RIOS, MIGUEL (MIKE) A  
**Address:** P.O.BOX 17256  
**City-St-Zip:** WEST PALM BEACH, FL 33416 US

**Title:** DIR  
**Name:** LOPEZ, SAMUEL C  
**Address:** 2129 ROYAL POINCIANA BLVD  
**City-St-Zip:** MELBOURNE, FL 32935 US

**Title:** DIR  
**Name:** LUYANDA, MARIA  
**Address:** 517 W. COLONIAL DRIVE  
**City-St-Zip:** ORLANDO, FL 32804 US

**Title:** DIR  
**Name:** PEREZ, (ROBERT) BOBBY  
**Address:** 3713 WASHINGTON AVENUE  
**City-St-Zip:** FORT MYERS, FL 33916 US

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: LUIS DE ROSA

DIRP

04/30/2012

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

\_\_\_\_\_  
Date