

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000009876

FILED  
Sep 17, 2009  
Secretary of State

**Entity Name:** PARTIDO DE LA LIBERACION DOMINICANA PLD GROUP INC.

**Current Principal Place of Business:**

12209 SW 14 LN  
1203  
MIAMI, FL 33184

**New Principal Place of Business:**

**Current Mailing Address:**

P.O.BOX 31-0523  
MIAMI, FL 33131

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **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:**

RIOS, AMAURY  
12209 SW 14 LN  
1203  
MIAMI, FL 33184 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:**

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: RIOS, AMAURY  
Address: P.O. BOX 31-0523  
City-St-Zip: MIAMI, FL 33131

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: TES ( ) Delete  
Name: SANCHEZ, EDUARDO  
Address: P.O. BOX #31-0523  
City-St-Zip: MIAMI, FL 33131

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: DIR ( ) Delete  
Name: PUENTE, FERNANDO  
Address: P.O. BOX 31-0523  
City-St-Zip: MIAMI, FL 33131

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: DIR ( ) Delete  
Name: GARCIA, VIRGILIO  
Address: P.O. BOX #31-0523  
City-St-Zip: MIAMI, FL 33131

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: DIR ( ) Delete  
Name: DE LEON, ERNESTO  
Address: P.O. BOX #31-0523  
City-St-Zip: MIAMI, FL 33131

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: AMAURY RIOS

P

09/17/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date