

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N08000010412

**FILED**  
**Apr 19, 2011**  
**Secretary of State**

**Entity Name:** ABRAZO FRATERNAL CORP

**Current Principal Place of Business:**

19631 BELVIEW DR  
CUTLER BAY, FL 33157

**New Principal Place of Business:**

**Current Mailing Address:**

19631 BELVIEW DR  
CUTLER BAY, FL 33157

**New Mailing Address:**

**FEI Number:** 80-0302358

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

RINCON, ISABEL  
19631 BELVIEW DR.  
CUTLER BAY, FL 33157 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: P  
Name: RINCON, ISABEL  
Address: 19631 BELVIEW DR  
City-St-Zip: CUTLER BAY, FL 33157

Title: VP  
Name: LAMATA, JINED  
Address: 19631 BELVIEW DR.  
City-St-Zip: CUTLER BAY, FL 33157

Title: T  
Name: RINCON, DIEGO  
Address: 19631 BELVIEW DR.  
City-St-Zip: CUTLER BAY, FL 33157

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:** ISABEL RINCON

P

04/19/2011

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

\_\_\_\_\_  
Date