

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N09000005661

**FILED**  
**Apr 23, 2010**  
**Secretary of State**

**Entity Name:** BROOKE MARIE PAZO MEMORIAL SCHOLARSHIP FUND, INC.

**Current Principal Place of Business:**

3014 FLAGLER AVE  
KEY WEST, FL 33040

**New Principal Place of Business:**

**Current Mailing Address:**

3014 FLAGLER AVE  
KEY WEST, FL 33040

**New Mailing Address:**

**FEI Number:** 27-0331772

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ECKSTEIN, ALAN ESQ  
3010 FLAGLER AVE  
KEY WEST, FL 33040 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:** ARROYO, SHANEL M  
**Address:** 4712 ROCKLEDGE RD.  
**City-St-Zip:** ORLANDO, FL 32807

**Title:** S  
**Name:** PAZO, CARIDAD S L  
**Address:** 3014 FLAGLER AVE  
**City-St-Zip:** KEY WEST, FL 33040

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:** SHANEL ARROYO

P

04/23/2010

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

\_\_\_\_\_  
Date