

2012 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED
Jun 11, 2012
Secretary of State**

DOCUMENT# N09000007959

Entity Name: LATIN AMERICAN MOTORCYCLE ASSOCIATION (LAMA) - JACKSONVILLE, INC.**Current Principal Place of Business:**1751 FOREST CREEK DRIVE
JACKSONVILLE, FL 32225**New Principal Place of Business:****Current Mailing Address:**1751 FOREST CREEK DRIVE
JACKSONVILLE, FL 32225**New Mailing Address:**PO BOX 351616
JACKSONVILLE, FL 32235

FEI Number: 26-4284666

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:ROMAN, JOHN
1751 FOREST CREEK DRIVE
JACKSONVILLE, FL 32225 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: PRES
Name: ROMAN, JOHN
Address: 1751 FOREST CREEK DRIVE
City-St-Zip: JACKSONVILLE, FL 32225Title: VP
Name: MEDINA, MARC
Address: 11182 ILLFORD DRIVE
City-St-Zip: JACKSONVILLE, FL 32246Title: BUSM
Name: DIAZ, LOU
Address: 3901 CEDAR BLUFF LANE
City-St-Zip: JACKSONVILLE, FL 32226Title: TRES
Name: BENJAMIN, LISA
Address: 4636 HARPERS FERRY LANE
City-St-Zip: JACKSONVILLE, FL 32257Title: SEC
Name: LEE, GINA
Address: 10010 BELLE RIVE BLVD #105
City-St-Zip: JACKSONVILLE, FL 32256

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: JOHN ROMAN

PRES

06/11/2012

Electronic Signature of Signing Officer or Director

Date