

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 24, 2008 8:00 am**  
**Secretary of State**

03-24-2008 90039 031 \*\*\*\*70.00

**DOCUMENT # N09604**

1. Entity Name

FLORIDA BLACK BELT ASSOCIATION, INC.



Principal Place of Business

14201 LAKE SARANAC AVE.  
MIAMI LAKES FL 33014

Mailing Address

14201 LAKE SARANAC AVE.  
MIAMI LAKES FL 33014



2. Principal Place of Business - Not P.O. Box #

555 E. 25th St  
#214

3. Mailing Address

555 E. 25th St  
#214

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
HIALEAH, FL

City & State  
HIALEAH, FL

Zip  
33013

Country  
USA

Zip  
33013

Country  
USA

1st MOORE

CR2E037 (10/07)

4. FEI Number

59-2646904

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

REYES, MANUEL  
14201 LAKE SARANAC AVE.  
MIAMI LAKES FL 33014

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3/12/08

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME REYES, MANUEL  
STREET ADDRESS 14201 LAKE SARANAC AVE.  
CITY- ST- ZIP MIAMI LAKES FL 33014 ☐ Delete

TITLE VPD  
NAME REYES, MANUEL JR.  
STREET ADDRESS 14201 LAKE SARANAC AVE.  
CITY- ST- ZIP MIAMI LAKES FL 33014 ☐ Delete

TITLE TD  
NAME REYES, ALEXANDER  
STREET ADDRESS 555 EAST 25TH ST SUITE 214  
CITY- ST- ZIP HIALEAH FL 33013 ☐ Delete

TITLE SD  
NAME THOMPSON, HERBERT E  
STREET ADDRESS 18061 NW 27TH AVE  
CITY- ST- ZIP MIAMI FL 33056 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP ☐ Change ☐ Addition

TITLE  
NAME HERBERT E. THOMPSON  
STREET ADDRESS  
CITY- ST- ZIP VPD ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP ☐ Change ☐ Addition

TITLE  
NAME MANUEL REYES JR  
STREET ADDRESS  
CITY- ST- ZIP SD ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an Address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/12/08

(786) 306-1899