

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09604

FILED  
Feb 06, 2009  
Secretary of State

Entity Name: FLORIDA BLACK BELT ASSOCIATION, INC.

## Current Principal Place of Business:

555 E. 2551  
#214  
HIALEAH, FL 33013

## New Principal Place of Business:

52 SE 4TH ROAD  
HOMESTEAD, FL 33030

## Current Mailing Address:

555 E. 2551  
#214  
HIALEAH, FL 33013

## New Mailing Address:

52 SE 4TH ROAD  
HOMESTEAD, FL 33030 US

FEI Number: 59-2646904

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

LIVAN, CONCEPCION SD  
52 SE 4TH ROAD  
HOMESTEAD, FL 33030 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: LIVAN CONCEPCION

02/06/2009

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: REYES, MANUEL,  
Address: 14201 LAKE SARANAC AVE.  
City-St-Zip: MIAMI LAKES, FL 33014

Title: VPD ( ) Delete  
Name: THOMPSON, HERBERT E  
Address: 14201 LAKE SARANAC AVE.  
City-St-Zip: MIAMI LAKES, FL 33014

Title: TD ( ) Delete  
Name: REYES, ALEXANDER  
Address: 555 EAST 25TH ST SUITE 214  
City-St-Zip: HIALEAH, FL 33013

Title: SD ( ) Delete  
Name: REYES, MANUEL JR.  
Address: 18061 NW 27TH AVE  
City-St-Zip: MIAMI, FL 33056

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: THOMPSON, HERBERT E  
Address: 555 EAST 25TH ST SUITE 214  
City-St-Zip: HIALEAH, FL 33013 US

Title: VPD (X) Change ( ) Addition  
Name: REYES, MANUEL SR  
Address: 555 EAST 25TH ST SUITE 214  
City-St-Zip: HIALEAH, FL 33013 US

Title: TD (X) Change ( ) Addition  
Name: JONES, VERNON M JR.  
Address: 10407 SW 186 STREET  
City-St-Zip: MIAMI, FL 33157

Title: SD (X) Change ( ) Addition  
Name: CONCEPCION, LIVAN  
Address: 52 SE 4TH ROAD  
City-St-Zip: HOMESTEAD, FL 33030

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: LIVAN CONCEPCION

SD

02/06/2009

Electronic Signature of Signing Officer or Director

Date