

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

DOCUMENT# N10000000155

**FILED**  
**Apr 26, 2011**  
**Secretary of State**

**Entity Name:** LATIN AMERICAN MOTORCYCLE ASSOCIATION PALM BEACH CHAPTER, INC.

**Current Principal Place of Business:**

4616 BLUE PINE CIRCLE  
LAKE WORTH, FL 33463

**New Principal Place of Business:**

5132 2ND ROAD  
LAKE WORTH, FL 33467

**Current Mailing Address:**

4616 BLUE PINE CIRCLE  
LAKE WORTH, FL 33463

**New Mailing Address:**

5132 2ND ROAD  
LAKE WORTH, FL 33467

**FEI Number:** 27-1578059

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

PEDRAZA, LEONEL  
4616 BLUE PINE CIRCLE  
LAKE WORTH, FL 33463 US

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

PEDRAZA, LEONEL  
5132 2ND ROAD  
LAKE WORTH, FL 33467 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:** LEONEL PEDRAZA

04/26/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** PEDRAZA, LEONEL  
**Address:** 5132 2ND ROAD  
**City-St-Zip:** LAKE WORTH, FL 33467 US

**Title:** VP  
**Name:** JUAN, TORRES  
**Address:** 5132 2ND ROAD  
**City-St-Zip:** LAKE WORTH, FL 33467 US

**Title:** SEC  
**Name:** GARCIA, MARIA R  
**Address:** 5132 2ND ROAD  
**City-St-Zip:** LAKE WORTH, FL 33467 US

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:** LEONEL PEDRAZA

P

04/26/2011

Electronic Signature of Signing Officer or Director

Date