

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000000155

FILED  
Apr 30, 2012  
Secretary of State

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

**Current Principal Place of Business:**

5132 2ND ROAD  
LAKE WORTH, FL 33467

**New Principal Place of Business:**

**Current Mailing Address:**

5132 2ND ROAD  
LAKE WORTH, FL 33467

**New Mailing Address:**

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

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

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

Title: VP  
Name: DIAZ, PIO FERNANDO  
Address: 5132 2ND ROAD  
City-St-Zip: LAKE WORTH, FL 33467

Title: SEC  
Name: WALLACE, KITTYLYNN  
Address: 5132 2ND ROAD  
City-St-Zip: LAKE WORTH, FL 33467

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

D

04/30/2012

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

\_\_\_\_\_  
Date