

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11087

FILED
Mar 17, 2009
Secretary of State

Entity Name: PROFESSIONAL LAW ENFORCEMENT ASSOCIATION, INC.

Current Principal Place of Business:

6405 NW 36 ST
STE 120
MIAMI, FL 33166 US

New Principal Place of Business:

Current Mailing Address:

6405 NW 36 ST
STE 120
MIAMI, FL 33166 US

New Mailing Address:

FEI Number: 65-0116869 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

LAW OFFICES OF ANDRE ROUVIERE
2701 SOUTH BAYSHORE DRIVE
STE 315
COCONUT GROVE, FL 33133 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: PD () Delete
Name: MONTOUTE-HOWARD, DOMINGO
Address: 1431 W SANDPIPER CIR
City-St-Zip: PEMBROKE PINES, FL 33026

Title: SD () Delete
Name: FITTS, LUCY
Address: 6219 SW 57TH ST
City-St-Zip: SOUTH MIAMI, FL 33143

Title: VD () Delete
Name: RIPPLE, JEFFREY
Address: 8231 NW 10TH STREET
City-St-Zip: PEMBROKE PINES, FL 33024

Title: VD () Delete
Name: BARQUERO, JOSE
Address: 8840 SW 41 STREET
City-St-Zip: MIAMI, FL 33165

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: DOMINGO MONTOUTE-HOWARD

PD

03/17/2009

Electronic Signature of Signing Officer or Director

Date