

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12866

FILED
Jan 30, 2012
Secretary of State

Entity Name: BELIZE ASSOCIATION OF FLORIDA, INC.

Current Principal Place of Business:

7800 MERIDIAN STREET
MIRAMAR, FL 33023 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 693468
MIAMI, FL 33269 US

New Mailing Address:

FEI Number: 59-2648174 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

ACOSTA, AUGUSTO
7800 MERIDIAN STREET
MIRAMAR, FL 33023 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
Name: SAVERY, ROSA
Address: 1691 N.E. 146TH STREET
City-St-Zip: NORTH MIAMI, FL 33181

Title: TD
Name: LEWIS, GLENDA
Address: 18900 N.E. 3RD COURT, UNIT #514
City-St-Zip: MIAMI, FL 33179

Title: SD
Name: ACOSTA, ARACELI
Address: 7800 MERIDIAN STREET
City-St-Zip: MIRAMAR, FL 33023

Title: ATD
Name: LONGSWORTH, JUNE
Address: 1670 N.E. 161ST STREET
City-St-Zip: NORTH MIAMI BEACH, FL 33162

Title: D
Name: ACOSTA, AUGUSTO
Address: 7800 MERIDIAN STREET
City-St-Zip: MIRAMAR, FL 33023

Title: D
Name: SAVERY, THELMA
Address: 8308 N.W. 73RD TERRACE
City-St-Zip: TAMARAC, FL 33321

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: ARACELI ACOSTA

SD

01/30/2012

Electronic Signature of Signing Officer or Director

Date