

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N13550

FILED
Feb 22, 2009
Secretary of State

Entity Name: AGRUPACION SOCIAL PORTOPADRENSE, INC.

Current Principal Place of Business:

AGRUPACION SOCIAL PORTOPADRENSE, INC.
1075 SW 45TH AVE
MIAMI, FL 33134 US

New Principal Place of Business:

Current Mailing Address:

AGRUPACION SOCIAL PORTOPADRENSE, INC.
1075 SW 45TH AVE
MIAMI, FL 33134 US

New Mailing Address:

FEI Number: 65-0054632 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

AUED, RAUL
1075 SW 45TH AVE.
MIAMI, FL 33134 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: CONCECION, HERMILIO
Address: 1730 S.W. 137 COURT
City-St-Zip: MIAMI, FL 33174

Title: SD () Delete
Name: AUED, RAUL,
Address: 1075 S.W. 45TH AVE.
City-St-Zip: MIAMI, FL. 33125,

Title: TD () Delete
Name: FERNANDEZ, ALFONSO SR
Address: 2981 SW 141 COURT
City-St-Zip: MIAMI, FL 33175

Title: VT () Delete
Name: MORELL SR, AMADO
Address: 665 E 9TH CRT
City-St-Zip: HIALEAH, FL 33010

Title: VP () Delete
Name: TARIN, FERNANDO SR
Address: 4531 SW 132 AVE
City-St-Zip: MIAMI, FL 33175

Title: D () Delete
Name: FARAH, ANTONIO
Address: 7630 N.W. 4TH. ST.
City-St-Zip: MIAMI, FL 33126

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:

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: HERMILIO CONCEPCION

PD

02/22/2009

Electronic Signature of Signing Officer or Director

_____ Date