

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N17808

FILED
Mar 30, 2009
Secretary of State

Entity Name: MOTHERS, SISTERS, WIVES AND DAUGHTERS OF BAY OF PIG'S VETERANS, BRIGADE 2506 INC.

Current Principal Place of Business:

2470 N.W. 14 ST.
MIAMI, FL 331252106

New Principal Place of Business:

Current Mailing Address:

2470 N.W. 14 ST.
MIAMI, FL 331252106

New Mailing Address:

FEI Number: 59-2779372

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FERNANDEZ, MAGALI E.
2470 N.W. 14 ST.
MIAMI, FL 331252106 US

Name and Address of New Registered Agent:

2470 N.W. 14 ST.
MIAMI, FL 331252106 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: MAGALI E. FERNANDEZ

03/30/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: FERNANDEZ, MAGALI E.
Address: 2470 N.W. 14 ST.
City-St-Zip: MIAMI, FL 33125

Title: VTD () Delete
Name: ROCCO, ESTHER
Address: 3526 S.W. 11ST
City-St-Zip: MIAMI, FL 33148

Title: SD () Delete
Name: FERNANDEZ, MIRTA
Address: 2470 N.W. 14 ST.
City-St-Zip: MIAMI, FL 331252106

Title: TD () Delete
Name: FERNANDEZ, MARTA
Address: 2014 SW 17 TERR
City-St-Zip: MIAMI, FL 33145

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: MAGALI E. FERNANDEZ

P

03/30/2009

Electronic Signature of Signing Officer or Director

Date