2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2008
Secretary of State

DOCUMENT# N20095

Entity Name: MEXICAN-AMERICAN CHAMBER OF COMMERCE OF THE STATE OF FLORIDA, INC.

Current Principal Place of Business:

10240 NW SOUTH RIVER DRIVE
MIAMI, FL 33178 US

New Principal Place of Business:

Current Mailing Address:

10240 NW SOUTH RIVER DRIVE
MIAMI, FL 33178 US

New Mailing Address:

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

Name and Address of Current Registered Agent:

CABALLERO, JOSE A
10230 NW SOUTH RIVER DRIVE
MIAMI, FL 33178 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: MERCADO, JORGE
Address: 10230 NW SOUTH RIVER DRIVE
City-St-Zip: MIAMI, FL 33178 US

Title: VPD ( ) Delete
Name: MANZANO, GONZALO
Address: 10230 NW SOUTH RIVER DRIVE
City-St-Zip: MIAMI, FL 33178 US

Title: TD ( ) Delete
Name: CABALLERO, JOSE A
Address: 10230 NW SOUTH RIVER DRIVE
City-St-Zip: MIAMI, FL 33178 US

Title: SD ( ) Delete
Name: LACAL, LUIS
Address: 10230 NW SOUTH RIVER DRIVE
City-St-Zip: MIAMI, FL 33178 US

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: JOSE A CABALLERO SD 01/08/2008
Electronic Signature of Signing Officer or Director — Date