

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N20095

**FILED**  
**Feb 10, 2011**  
**Secretary of State**

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

**Current Principal Place of Business:**

3722 N.W. 73RD ST, 0  
MIAMI, FL 331475840 US

**New Principal Place of Business:**

**Current Mailing Address:**

3722 N.W. 73RD ST, 0  
MIAMI, FL 331475840 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:**

CABALLERO, JOSE A  
3722 NW 73RD STREET  
MIAMI, FL 33147 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: \_\_\_\_\_

Electronic Signature of Registered Agent

02/10/2011

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: MERCADO, JORGE  
Address: 3722 NW 73RD STREET  
City-St-Zip: MIAMI, FL 33147 US

Title: VPD  
Name: MANZANO, GONZALO  
Address: 3722 NW 73RD STREET  
City-St-Zip: MIAMI, FL 33147 US

Title: TD  
Name: CABALLERO, JOSE A  
Address: 3722 NW 73RD STREET  
City-St-Zip: MIAMI, FL 33147 US

Title: SD  
Name: LACAL, LUIS  
Address: 3722 NW 73RD STREET  
City-St-Zip: MIAMI, FL 33147 US

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: JOSE A CABALLERO

MR.

02/10/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date