

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N21857

FILED
Apr 24, 2007
Secretary of State

Entity Name: THE AMERICAN LEGION POST NO. 346 INC.

Current Principal Place of Business:

14723 S.W. 42 TERRACE
MIAMI, FL 33185

New Principal Place of Business:

Current Mailing Address:

AMERICAN LEGION 346
PO BOX 941415
MIAMI, FL 331941415

New Mailing Address:

FEI Number: 59-2828642 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

PINON, JOE
14723 S.W. 42 TERRACE
MIAMI, FL 33185 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: CD () Delete
Name: PINON, JOE
Address: 14723 S.W. 42 TERRACE
City-St-Zip: MIAMI, FL 33185

Title: VCD () Delete
Name: CRUZ, EUGENIO
Address: 418 SE 9TH CT
City-St-Zip: HIALEAH, FL 33010

Title: SD () Delete
Name: MONTES, JORGE L
Address: 2700 SW 99 AVE
City-St-Zip: MIAMI, FL 33165

Title: FOD () Delete
Name: MOLLEDA, ROBERTO M
Address: 12465 SW 32 TERRACE
City-St-Zip: MIAMI, FL 33175

Title: VCD () Delete
Name: BARRABEITG, ROBERTO
Address: 1500 NE 173 STREET
City-St-Zip: NORTH MIAMI, FL 33162

Title: VCD (X) Delete
Name: NAPOLES, JOSE R
Address: 620 NIGHTINGALE AVE
City-St-Zip: MIAMI SPRINGS, FL 33166

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: PINON, JOE
Address: 14723 S.W. 42 TERRACE
City-St-Zip: MIAMI, FL 33185

Title: VPD (X) Change () Addition
Name: PENELA, FRANCISCO
Address: 7400 SW 34 STREET RD
City-St-Zip: MIAMI, FL 33155

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TD (X) Change () Addition
Name: MOLLEDA, ROBERTO M
Address: 12465 SW 32 TERRACE
City-St-Zip: MIAMI, FL 33175

Title: VPD (X) Change () Addition
Name: MORIN, JOSE O
Address: 4250 SW 134 AVENUE
City-St-Zip: MIAMI, FL 33175

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: ROBERTO M. MOLLEDA

TD

04/24/2007

Electronic Signature of Signing Officer or Director

Date