

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N31133

FILED
Feb 25, 2009
Secretary of State

Entity Name: COLOMBIAN-AMERICAN ASSOCIATION OF FLORIDA INC.

Current Principal Place of Business:

7315 WOODHALL COURT
TAMPA, FL 33634 US

New Principal Place of Business:

4255 WEST HUMPHREY STREET
UNIT 313
TAMPA, FL 33614 US

Current Mailing Address:

PO BOX 152457
TAMPA, FL 33684 US

New Mailing Address:

FEI Number: 59-2940241 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DELACRUZ, ELEUTERIO
7315 WOODHALL COURT
TAMPA, FL 33634 US

Name and Address of New Registered Agent:

DELACRUZ, ELEUTERIO
4255 WEST HUMPHREY ST
UNIT 313
TAMPA, FL 33614 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: _____

02/25/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MONTEJO, LUIS F
Address: 4802 FOXSHIRE CIR
City-St-Zip: TAMPA, FL 33624

Title: D () Delete
Name: BALLESTAS, ENRIQUE E
Address: 3165 SPOONBILL CT.
City-St-Zip: CLEARWATER, FL 33762

Title: D () Delete
Name: DURAN, MARLENE
Address: 14116 EASTLAND LANE
City-St-Zip: TAMPA, FL 33625

Title: D () Delete
Name: CHAVEZ, GUSTAVO
Address: 10931 AIRVIEW DRIVE
City-St-Zip: TAMPA, FL 33625

Title: D () Delete
Name: DELACRUZ, ELEUTERIO J
Address: 7315 WOODHALL COURT
City-St-Zip: TAMPA, FL 33634

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: D (X) Change () Addition
Name: DELACRUZ, ELEUTERIO J
Address: 4255 WEST HUMPHREY STREET
City-St-Zip: TAMPA, FL 33614

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: ELEUTERIO DELACRUZ

DIR

02/25/2009

Electronic Signature of Signing Officer or Director

Date