

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N31670

FILED  
May 06, 2008  
Secretary of State

Entity Name: DIRECTORIO LIBERAL COLOMBIANO DE LA FLORIDA, INC.

**Current Principal Place of Business:**

9735 NW 52 ST  
#222  
MIAMI, FL 33178 US

**New Principal Place of Business:**

**Current Mailing Address:**

9735 NW 52 ST  
#222  
MIAMI, FL 33178 US

**New Mailing Address:**

FEI Number: 65-0442594      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

ESCALLON, DANIEL  
9735 NW 52 ST  
#222  
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: ESCALLON, DANIEL  
Address: 9735 N.W 52 ST  
City-St-Zip: MIAMI, FL 33178

Title: VD ( ) Delete  
Name: LEON, NIDIA  
Address: 105 DEER PATH CT.  
City-St-Zip: WESTON, FL 33326

Title: SD ( ) Delete  
Name: GÓMEZ, MARIO  
Address: 7745 SW 183 TERR  
City-St-Zip: MIAMI, FL 33157

Title: TS ( ) Delete  
Name: ESCALLON, DANIEL  
Address: 9735 NW 52 ST  
City-St-Zip: MIAMI, FL 33178

Title: P ( ) Delete  
Name: GOMEZ, JEANNETTE  
Address: 7745 SW 183 TERR  
City-St-Zip: MIAMI, FL 33157

**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: ( ) 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: DANIEL ESCALLON

PD

05/06/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date