


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jul 12, 2005 8:00 am
Secretary of State

07-12-2005 90040 049 *****70.00

DOCUMENT # N33368 1. Entity Name PUERTO RICAN AMERICAN CLUB, INC.	
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Principal Place of Business P.O. BOX 3094 SPRING HILL FL 34611 US	Mailing Address P.O. BOX 3094 SPRING HILL FL 34611 US
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip	Country	Country
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1st MOORE CR2E037 (10/04)

4. FEI Number 59-2967371	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ERAZO, LUIS R 9403 ORCHARD WAY SPRING HILL FL 34608	
7. Name and Address of New Registered Agent Name ISRAEL ACEVEDO Street Address (P.O. Box Number is Not Acceptable) 4591 Kirkland Avenue City Spring Hill, FL Zip Code 34606	

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Israel Acevedo - P. (NOTE: Registered Agent signature required when reinstating) DATE 7/07/05

FILE NOW: FEE IS \$61.25 Due By May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ERAZO, LUIS R 9403 ORCHARD WAY SPRING HILL FL 34608 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Israel Acevedo 4591 Kirkland Ave. Spring Hill, FL 34606 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PABON, FRANK 2361 CANFIELD DR SPRING HILL FL 34609 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Frank Pabon 2361 Canfield Dr. Spring Hill, FL 34609 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T RODRIGUEZ, MANUEL 7512 PINEHURST DRIVE SPRING HILL FL 34606 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Manuel Rodriguez 7512 Pinehurst Dr. Spring Hill, FL 34606 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Ines L. Rivera 5512 Piedmont Dr. Spring Hill, FL 34606 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Israel Acevedo (Israel Acevedo) DATE 7/07/05 (352) 686-2384

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR