2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2009
Secretary of State

DOCUMENT# N35935

Entity Name: PUERTO RICANS IN FLORIDA, INC.

Current Principal Place of Business:

8316 HANLEY RD
SUITE 5
TAMPA, FL 33634 US

New Principal Place of Business:

Current Mailing Address:

8316 HANLEY RD
SUITE 5
TAMPA, FL 33634 US

New Mailing Address:

FEI Number: 59-2960881 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GARCIA DE QUEVEDO, FRANCISCO CPA
8316 HANLEY RD
SUITE 5
TAMPA, FL 33634 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:	D	( ) Delete
Name:	TIRADO, NANCY	
Address:	4653 SPRUCE LN	
City-St-Zip:	WEST PALM BEACH, FL 33418 US	
Title:	D	( ) Delete
Name:	OVALLE, RALPH	
Address:	13088 110TH AVE NORTH	
City-St-Zip:	LARGO, FL 33774	
Title:	D	( ) Delete
Name:	MARTELL, LUIS T	
Address:	4694 SUSSEX TER	
City-St-Zip:	ORLANDO, FL 32811 US	
Title:	D	( ) Delete
Name:	HARRELL, KEITH	
Address:	4470 NW 102 CT	
City-St-Zip:	DORAL, FL 33178 US	
Title:	D	( ) Delete
Name:	MONTILLA, GLADYS	
Address:	PO BOX 54096	
City-St-Zip:	JACKSONVILLE, FL 32245 US	

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: NANCY TIRADO D 04/23/2009

Electronic Signature of Signing Officer or Director — Date