2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2007 8:00 am
Secretary of State
04-02-2007 90061 014 ****61.25

DOCUMENT # N37588

1. Entity Name
MEXICAN AMERICAN COUNCIL, INC.

Principal Place of Business	Mailing Address
P.O. BOX 343546 FLORIDA CITY, FL 33034-0546	P.O. BOX 343546 FLORIDA CITY, FL 33034-0546

03062007 Chg-NP CR2E037 (12/06)

2. Principal Place of Business No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 65-0194318 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

JONES, JESSE C
7605 SW 125 ST.
MIAMI, FL 33156

7. Name and Address of New Registered Agent

Name MAGGARD, ARVIN

Street Address (P.O. Box Number is Not Acceptable)
8923 SW 67 AVE

City MIAMI FL Zip Code 33156

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 ARVIN MAGGARD Arvin Maggard 3-30-07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when changing) DATE

Filing Fee is $61.25
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	T MAGGARD, ARVIN H 8923 SW 67 AVE MIAMI, FL 33158	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	D ANTHONY STOUT 14203 SW 66 ST, 508-B MIAMI FL 33183	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	S CURRIE, ELIZABETH 546 SW 2 ST FLORIDA CITY, FL 33034	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	D GARZA, CIPRIANO 101 NE 19 ST HOMESTEAED, FL 33030	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	D CURRIE, CHARLES 546 SW 2 ST HOMESTEAD, FL 33034	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	V DELEON, ARTURO 25700 SW 212 AVE HOMESTEAD, FL 33031	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	P GARZA, MARIA 101 NE 19 ST HOMESTEAD, FL 33030	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Arvin Maggard ARVIN MAGGARD 3-30-07 305-667-0240
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #