

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N42968

FILED
Apr 30, 2007
Secretary of State

Entity Name: AMVETS DADE-BROWARD MEMORIAL POST 11, INC.

Current Principal Place of Business:

1640 NE 137TH TERR
MIAMI, FL 33181

New Principal Place of Business:

Current Mailing Address:

1640 NE 137TH TERR
MIAMI, FL 33181

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SANTIAGO, FRANK
1640 NE 137TH TERR
MIAMI, FL 33181 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: SANTIAGO, FRANK
Address: 1640 NE 137TH TERR
City-St-Zip: MIAMI, FL 33181

Title: A () Delete
Name: SILVERMAN, ABE
Address: 18151 NE 31ST CT. #1207
City-St-Zip: AVENTURA, FL 33160

Title: SO () Delete
Name: ROUZIER, BERNARD
Address: 15200 NE 12TH AVE
City-St-Zip: MIAMI, FL 33162

Title: T () Delete
Name: CAUZ, MARIANO
Address: 1227 NW 25TH ST
City-St-Zip: MIAMI, FL 33142

Title: T () Delete
Name: GAILOR, FREDERICK
Address: 15300 NE 12TH AVE
City-St-Zip: MIAMI, FL 33162

Title: C () Delete
Name: DALEY, WILLIAM E
Address: POB 381391
City-St-Zip: MIAMI, FL 33238

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: T (X) Change () Addition
Name: CRUZ, MARIANO
Address: 1227 NW 25TH ST
City-St-Zip: MIAMI, FL 33142

Title: T (X) Change () Addition
Name: GARCIA, ELIO
Address: 1750 JAMES AVE., APT. #10J
City-St-Zip: MIAMI BEACH, FL 33139

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: FRANK SANTIAGO

D

04/30/2007

Electronic Signature of Signing Officer or Director

_____ Date