


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 14, 2006 8:00 am
Secretary of State

08-14-2006 90037 043 ****70.00

DOCUMENT # N44203 1. Entity Name SPANISH-AMERICAN VETERANS ASSOCIATION, INC.					
Principal Place of Business P. O. BOX 447 MELBOURNE, FL 32902			Mailing Address P. O. BOX 447 MELBOURNE, FL 32902		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 59-3063873	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent VELEZ, MANUEL A 160 WICKMAN LAKES DR. VIERA, FL 32940				7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable!) _____ City _____ State FL Zip Code _____	
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 <u>Manuel A. Velez</u> DATE <u>Aug 7, 2006</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by September 6, 2006		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					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P VELEZ, MANUEL A 160 WICKMAN LAKES DR VIERA, FL 32940	<input checked="" 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	VP ROMERO, FRANC 178 NEMO CIR PALM BAY, FL 32907	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.P. Maniz Jose 910 Wellington Street S.W. PALM BAY, FL 32908
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S COLON-ROBLES, CARLOS A 918 YUMA ST SE PALM BAY, FL 32909	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Oquendo Michael 3070 Forest Creek Drive Melbourne FL 32901
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PEDRAZA, RAFAEL 1895 BLAINE ST.N.E. PALM BAY, FL	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Mirabal Louis 4702 ANISE TREE CT. Melbourne FL 32934
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SANTORY, MAXIMO 171 SALMON DR. NE PALM BAY, FL 32907	<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	T ISAUL, VELEZ F 3190 FORREST CREEK DR. MELBOURNE, FL 32901	<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 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: <u>Sam M...</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					Date <u>Aug 7 2006</u> <small>Daytime Phone #</small>

50025205



07252006 Chg-NP CR2E037 (4/06)

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable!)

City

State **FL** Zip Code

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 Manuel A. Velez DATE Aug 7, 2006

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by September 6, 2006

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

P Velez, Manuel A 160 Wickman Lakes Dr Viera, FL 32940

☒ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP

VP Romero, Franc 178 Nemo Cir Palm Bay, FL 32907

☒ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP

S Colon-Robles, Carlos A 918 Yuma St SE Palm Bay, FL 32909

☒ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP

T Pedraza, Rafael 1895 Blaine St.N.E. Palm Bay, FL

☒ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP

T Santory, Maximo 171 Salmon Dr. NE Palm Bay, FL 32907

☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP

T Isaul, Velez F 3190 Forrest Creek Dr. Melbourne, FL 32901

☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP

☐ Change ☐ Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP

☐ Change ☐ Addition

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SIGNATURE: Sam M...

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Aug 7 2006

Daytime Phone #