


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2008 08:00 AM
Secretary of State

DOCUMENT # N44203 1. Entity Name SPANISH-AMERICAN VETERANS ASSOCIATION, INC.	
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Principal Place of Business P. O. BOX 447 MELBOURNE, FL 32902	Mailing Address P. O. BOX 447 MELBOURNE, FL 32902
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DO NOT WRITE IN THIS SPACE



01212008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3063873	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

RODRIGUEZ, RAFAEL
260 BUTLER AVE N
PALM BAY, FL 32905

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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: Rafael B. Rodriguez (NOTE: Registered Agent signature required when reappointing) DATE: 1/29/08

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000818376 02/15/08-80040-011 70.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MUNIZ, JOSE 910 WELLINGTON ST SW PALM BAY, FL 32908
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S OQUENDO, MICHAEL 3070 FOREST CREEK DR MELBOURNE, FL 32901
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LOUIS, MIRABAL 4702 ANISE TREE CT MELBOURNE, FL 32934
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR SANTORY, MAXIMO 171 SALMON DR. NE PALM BAY, FL 32907
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR ISAUL, VELEZ F 3190 FORREST CREEK DR. MELBOURNE, FL 32901
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR SANTIAGO, FRANCISCO 233 ELDRON BLVD NE PALM BAY, FL 32907

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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: Jose Muniz DATE: 1/29/08 321-2426306

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR