

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N44203

FILED  
Jan 08, 2009  
Secretary of State

**Entity Name:** SPANISH-AMERICAN VETERANS ASSOCIATION, INC.

**Current Principal Place of Business:**

P. O. BOX 447  
MELBOURNE, FL 32902

**New Principal Place of Business:**

**Current Mailing Address:**

P. O. BOX 447  
MELBOURNE, FL 32902

**New Mailing Address:**

**FEI Number:** 59-3063873

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

RODRIGUEZ, RAFAEL  
260 BUTLER AVE N  
PALM BAY, FL 32905 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: VP ( ) Delete  
Name: MUNIZ, JOSE  
Address: 910 WELLINGTON ST SW  
City-St-Zip: PALM BAY, FL 32908

Title: S ( ) Delete  
Name: OQUENDO, MICHAEL  
Address: 3070 FOREST CREEK DR  
City-St-Zip: MELBOURNE, FL 32901

Title: T ( ) Delete  
Name: LOUIS, MIRABAL  
Address: 4702 ANISE TREE CT  
City-St-Zip: MELBOURNE, FL 32934

Title: TR ( ) Delete  
Name: SANTORY, MAXIMO  
Address: 171 SALMON DR. NE  
City-St-Zip: PALM BAY, FL 32907

Title: TR ( ) Delete  
Name: ISAUL, VELEZ F  
Address: 3190 FORREST CREEK DR.  
City-St-Zip: MELBOURNE, FL 32901

Title: TR ( ) Delete  
Name: SANTIAGO, FRANCISCO  
Address: 233 ELDRON BLVD NE  
City-St-Zip: PALM BAY, FL 32907

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: S (X) Change ( ) Addition  
Name: CALDERON, JULIO  
Address: 990 CARVER RD.SN  
City-St-Zip: MELBOURNE, FL 32909

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: LOUIS MIRABAL

T

01/08/2009

Electronic Signature of Signing Officer or Director

Date