

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**

**Feb 05, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # N46510**

1. Entity Name

I F A ASSOCIATION OF MIAMI, INC.



Principal Place of Business

4110 NW 192ND ST  
CAROL CITY FL 33055

Mailing Address

4110NW 192ND ST  
CAROL CITY FL 33055  
US



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

59-3798995

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

1st MOORE

CR2E037 (10/06)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PENA, REINALDO  
4110 NW 192ND ST. NORTH  
CAROL CITY FL 33055

Name

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

City

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: 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

TITLE PD ☐ Delete  
NAME REINALDO PENA  
STREET ADDRESS 4110 NW 25TH AVE  
CITY-STATE-ZIP CAROL CITY FL 33055

TITLE D ☐ Delete  
NAME PENA, REINALDO JR  
STREET ADDRESS 4110 NW 192ND ST  
CITY-STATE-ZIP MIAMI FL 33055

TITLE TD ☐ Delete  
NAME CARDENAS, PEDRO  
STREET ADDRESS 14735 SW 84 TERR  
CITY-STATE-ZIP MIAMI FL 33193

TITLE VP ☐ Delete  
NAME HERNANDEZ, JOSE  
STREET ADDRESS 14913 SW 67 LANE  
CITY-STATE-ZIP MIAMI FL 33193

TITLE D ☐ Delete  
NAME PENA, ARTURO  
STREET ADDRESS 4110 NW 192 ST  
CITY-STATE-ZIP MIAMI FL 33055

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

☐ Change ☐ Addition  
U00000622948  
02/13/07-80047-004 61.25

☐ Change ☐ Addition

☐ Change ☐ Addition

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☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

*Reinaldo Pena*

2-3-07