

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 07, 2008 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**



01032008 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

**59-3798995**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE  
IN THIS SPACE**

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

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

U000000775358  
01/08/08-80027-001 61.25

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PD  
REINALDO PENA  
4110 NW 25TH AVE  
CAROL CITY, FL 33055**

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**TD  
CARDENAS, PEDRO  
14735 SW 84 TERR  
MIAMI, FL 33193**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VP  
HERNANDEZ, JOSE  
14913 SW 67 LANE  
MIAMI, FL 33193**

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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:**

*Reinaldo Pena*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

*1/3/08*

Daytime Phone #

*305-625-4503*