

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N49535

FILED  
May 22, 2009  
Secretary of State

Entity Name: GRUPO FOLKLORE LATINO, INC.

**Current Principal Place of Business:**

4907 REGINA COURT  
WEST PALM BEACH, FL 33415 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 20795  
WEST PALM BEACH, FL 33416 US

**New Mailing Address:**

FEI Number: 65-0328718      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

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

ARCE, LILIAN  
4907 REGINA CT  
WEST PALM BEACH, FL 33415 US

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: P ( ) Delete  
Name: WEST, EMA  
Address: 10424 IBIS RESERVE CIRCLE  
City-St-Zip: PALM BEACH GARDENS, FL 33412 US

Title: VP ( ) Delete  
Name: AMADOR, GUSTAVO  
Address: 125 SOUTH C STREET  
City-St-Zip: LAKE WORTH, FL 33460 US

Title: T ( ) Delete  
Name: PENA, SANDRA  
Address: 5108 SHERMAN RD  
City-St-Zip: WEST PALM BEACH, FL 33415 US

Title: S ( ) Delete  
Name: CARDONA, ELIZABETH  
Address: 5942 LINCOLN CIRCLE W.  
City-St-Zip: LAKE WORTH, FL 33463 US

Title: D ( ) Delete  
Name: ARCE, LILIAN R  
Address: 4907 REGINA COURT  
City-St-Zip: WEST PALM BEACH, FL 33415 US

Title: D ( ) Delete  
Name: DIAZ, LILIAN  
Address: 679 HARTH DRIVE  
City-St-Zip: WEST PALM BEACH, FL 33415 US

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

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:

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: LILIAN ARCE

D

05/22/2009

Electronic Signature of Signing Officer or Director

Date