

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 08, 2007 8:00 am
Secretary of State

02-08-2007 90043 031 ****61.25

DOCUMENT # N93000000077 1. Entity Name PHI DELTA GAMMA FRATERNITY, INC.																																																																																																																																																					
Principal Place of Business 581 NW 107 AVE APT 101 MIAMI, FL 33172 US			Mailing Address PHI DELTA GAMMA FRATERNITY, INC. P.O. BOX 521651 MIAMI, FL 33152-1651																																																																																																																																																		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 4233 NW 37 AVENUE																																																																																																																																																			
Suite, Apt. #, etc. (same as above)		Suite, Apt. #, etc.																																																																																																																																																			
City & State		City & State MIAMI, Florida		01252007 Chg-NP CR2E037 (12/06)																																																																																																																																																	
Zip		Country		4. FEI Number 65-0442005																																																																																																																																																	
Zip 33142		Country US		5. Certificate of Status Desired \$8.75 Additional Fee Required																																																																																																																																																	
6. Name and Address of Current Registered Agent DIAZ, JUAN 581 N.W. 107TH AVE. APT. 101 MIAMI, FL 33172-3861				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>																																																																																																																																																	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>																																																																																																																																																					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees																																																																																																																																																	
Make check payable to Florida Department of State																																																																																																																																																					
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> 10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">PD</td> <td style="width: 20%; text-align: center;"><input checked="" type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>DETTLES, ARNALDO</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>9979 SW 166TH CT</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>MIAMI, FL 33196</td> <td></td> </tr> <tr> <td>TITLE</td> <td>VD</td> <td style="text-align: center;"><input checked="" type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>SERRANO, CARLOS</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>6815 TAMiami CANAL RD</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>MIAMI, FL 33128</td> <td></td> </tr> <tr> <td>TITLE</td> <td>SD</td> <td style="text-align: center;"><input checked="" type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>KEYES, HOWARD</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>2871 SW 176TH TERR</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>MIRAMAR, FL 33029</td> <td></td> </tr> <tr> <td>TITLE</td> <td>TD</td> <td style="text-align: center;"><input checked="" type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>PALATIOS, JORGE</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>15001 SW 45TH LN</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>MIAMI, FL 33185</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> </div> <div style="width: 48%;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">PRESIDENT</td> <td style="width: 20%; text-align: center;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>H. RENE URBISTONDO</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>9207 NW 70 PLACE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>TAMARAC, FL 33321</td> <td></td> </tr> <tr> <td>TITLE</td> <td>VICE-PRES. - SOUTH REGION</td> <td style="text-align: center;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>FRANCISCO SANTIAGO</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>13254 BOULDER WOODS CIRCLE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>ORLANDO, FL 32824</td> <td></td> </tr> <tr> <td>TITLE</td> <td>VICE-PRES. - NORTH REGION</td> <td style="text-align: center;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>HOWARD KEYES</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>2871 SW 176 TERRACE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>MIRAMAR, FL 33029</td> <td></td> </tr> <tr> <td>TITLE</td> <td>TREASURER</td> <td style="text-align: center;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>RUBEN MORALES</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>4240 SW 153 PLACE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>MIAMI, FL 33185</td> <td></td> </tr> <tr> <td>TITLE</td> <td>SECRETARY</td> <td style="text-align: center;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>JUAN DIAZ</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>581 NW 107 AVENUE - APT. 101</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>MIAMI, FL 33172</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: center;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> </div> </div>						TITLE	PD	<input checked="" type="checkbox"/> Delete	NAME	DETTLES, ARNALDO		STREET ADDRESS	9979 SW 166TH CT		CITY-ST-ZIP	MIAMI, FL 33196		TITLE	VD	<input checked="" type="checkbox"/> Delete	NAME	SERRANO, CARLOS		STREET ADDRESS	6815 TAMiami CANAL RD		CITY-ST-ZIP	MIAMI, FL 33128		TITLE	SD	<input checked="" type="checkbox"/> Delete	NAME	KEYES, HOWARD		STREET ADDRESS	2871 SW 176TH TERR		CITY-ST-ZIP	MIRAMAR, FL 33029		TITLE	TD	<input checked="" type="checkbox"/> Delete	NAME	PALATIOS, JORGE		STREET ADDRESS	15001 SW 45TH LN		CITY-ST-ZIP	MIAMI, FL 33185		TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	H. RENE URBISTONDO		STREET ADDRESS	9207 NW 70 PLACE		CITY-ST-ZIP	TAMARAC, FL 33321		TITLE	VICE-PRES. - SOUTH REGION	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	FRANCISCO SANTIAGO		STREET ADDRESS	13254 BOULDER WOODS CIRCLE		CITY-ST-ZIP	ORLANDO, FL 32824		TITLE	VICE-PRES. - NORTH REGION	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME	HOWARD KEYES		STREET ADDRESS	2871 SW 176 TERRACE		CITY-ST-ZIP	MIRAMAR, FL 33029		TITLE	TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	RUBEN MORALES		STREET ADDRESS	4240 SW 153 PLACE		CITY-ST-ZIP	MIAMI, FL 33185		TITLE	SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	JUAN DIAZ		STREET ADDRESS	581 NW 107 AVENUE - APT. 101		CITY-ST-ZIP	MIAMI, FL 33172		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Delete																																																																																																																																																			
NAME	DETTLES, ARNALDO																																																																																																																																																				
STREET ADDRESS	9979 SW 166TH CT																																																																																																																																																				
CITY-ST-ZIP	MIAMI, FL 33196																																																																																																																																																				
TITLE	VD	<input checked="" type="checkbox"/> Delete																																																																																																																																																			
NAME	SERRANO, CARLOS																																																																																																																																																				
STREET ADDRESS	6815 TAMiami CANAL RD																																																																																																																																																				
CITY-ST-ZIP	MIAMI, FL 33128																																																																																																																																																				
TITLE	SD	<input checked="" type="checkbox"/> Delete																																																																																																																																																			
NAME	KEYES, HOWARD																																																																																																																																																				
STREET ADDRESS	2871 SW 176TH TERR																																																																																																																																																				
CITY-ST-ZIP	MIRAMAR, FL 33029																																																																																																																																																				
TITLE	TD	<input checked="" type="checkbox"/> Delete																																																																																																																																																			
NAME	PALATIOS, JORGE																																																																																																																																																				
STREET ADDRESS	15001 SW 45TH LN																																																																																																																																																				
CITY-ST-ZIP	MIAMI, FL 33185																																																																																																																																																				
TITLE		<input type="checkbox"/> Delete																																																																																																																																																			
NAME																																																																																																																																																					
STREET ADDRESS																																																																																																																																																					
CITY-ST-ZIP																																																																																																																																																					
TITLE		<input type="checkbox"/> Delete																																																																																																																																																			
NAME																																																																																																																																																					
STREET ADDRESS																																																																																																																																																					
CITY-ST-ZIP																																																																																																																																																					
TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																																																			
NAME	H. RENE URBISTONDO																																																																																																																																																				
STREET ADDRESS	9207 NW 70 PLACE																																																																																																																																																				
CITY-ST-ZIP	TAMARAC, FL 33321																																																																																																																																																				
TITLE	VICE-PRES. - SOUTH REGION	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																																																			
NAME	FRANCISCO SANTIAGO																																																																																																																																																				
STREET ADDRESS	13254 BOULDER WOODS CIRCLE																																																																																																																																																				
CITY-ST-ZIP	ORLANDO, FL 32824																																																																																																																																																				
TITLE	VICE-PRES. - NORTH REGION	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition																																																																																																																																																			
NAME	HOWARD KEYES																																																																																																																																																				
STREET ADDRESS	2871 SW 176 TERRACE																																																																																																																																																				
CITY-ST-ZIP	MIRAMAR, FL 33029																																																																																																																																																				
TITLE	TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																																																			
NAME	RUBEN MORALES																																																																																																																																																				
STREET ADDRESS	4240 SW 153 PLACE																																																																																																																																																				
CITY-ST-ZIP	MIAMI, FL 33185																																																																																																																																																				
TITLE	SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																																																			
NAME	JUAN DIAZ																																																																																																																																																				
STREET ADDRESS	581 NW 107 AVENUE - APT. 101																																																																																																																																																				
CITY-ST-ZIP	MIAMI, FL 33172																																																																																																																																																				
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																																																			
NAME																																																																																																																																																					
STREET ADDRESS																																																																																																																																																					
CITY-ST-ZIP																																																																																																																																																					
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: H. RENE URBISTONDO - PRESIDENT - JAN. 27, 2007 - 415-1334																																																																																																																																																					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																																																																																																																																																					

ATTACHMENT

January 27, 2007

Department of State
Division of Corporations
Corporate Filings
PO Box 6327
Tallahassee, Florida 32314

40011694

N93000000077

Dear Officer:

Enclosed please find the following documents:

1. Corporation's Annual Report
2. Restated Articles of Incorporation
3. Certificate setting forth that the Board of Directors adopted the Restatement
4. Filing fees as follows: Annual Report--\$61.25; Amendments--\$35.00; Certified Copy--\$8.75, for a total of \$105.00.

Please be advised that the Corporation's new mailing address is as follows;
Phi Delta Gamma Fraternity, Inc.
4233 NW 37 Avenue
Miami, Florida 33142

For the Corporation,



Juan Diaz, Secretary