

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000000386

FILED
May 02, 2008
Secretary of State

Entity Name: CLUB SOCIAL PANAMA ORLANDO, INC.

Current Principal Place of Business:

2734 CHADDSFORD CIRCLE
104
OVIEDO, FL 32765

New Principal Place of Business:

Current Mailing Address:

2734 CHADDSFORD CIRCLE
104
OVIEDO, FL 32765

New Mailing Address:

FEI Number: 59-3170798 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
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:

LINARES, RUBEN
2734 CHADDFORD #104
OVIEDO, FL 32765 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: VD () Delete
Name: LINARES, RUBEN
Address: 2734 CHADDSFORD CIRCLE #104
City-St-Zip: OVIEDO, FL 32765

Title: MC () Delete
Name: BOUTEMAYOR, TOMAQ
Address: 627 MAYA SUSAN LOOP
City-St-Zip: APOPKA, FL 32712

Title: PD () Delete
Name: LUCKONCHANG, CARLOS
Address: 13824 OLD DOCK ROAD
City-St-Zip: ORLANDO, FL 32828

Title: ST () Delete
Name: LINARES, MARIA A
Address: 2734 CHADDSFORD CIR #104
City-St-Zip: OVIEDO, FL 32765

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:

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: RUBEN LINARES

VD

05/02/2008

Electronic Signature of Signing Officer or Director

Date