

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000004561

FILED
Jan 23, 2007
Secretary of State

Entity Name: FLORIDA NATIONAL COLLEGE STUDENT GOVERNMENT ASSOCIATION INC.

Current Principal Place of Business:

4425 W 20TH AVE
HIALEAH, FL 33012

New Principal Place of Business:

Current Mailing Address:

4425 W 20TH AVE
HIALEAH, FL 33012

New Mailing Address:

FEI Number: 65-0452124

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SANTOS, MARIA L
4425 W 20TH AVE
HIALEAH, FL 33012 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: DSS () Delete
Name: SANTOS, MARIA L
Address: 4425 W 20TH AVE
City-St-Zip: HIALEAH, FL 33012

Title: D () Delete
Name: ALFONSO, JORGE
Address: 4162 W 12 AVE
City-St-Zip: HIALEAH, FL 33012

Title: VP () Delete
Name: SANCHEZ, OMAR
Address: 4162 W 12 AVE
City-St-Zip: HIALEAH, FL 33012

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:

I hereby certify that the information supplied with this filing does not qualify for the 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: MARIA L. SANTOS

DSS

01/23/2007

Electronic Signature of Signing Officer or Director

Date