


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2006 08:00 AM
Secretary of State

DOCUMENT # N94000000458
 1. Entity Name
ALLAPATTAH CHAMBER OF COMMERCE, INC.



Principal Place of Business Mailing Address
2634-A NW 21ST TERR **2634-A NW 21ST TERR**
MIAMI, FL 33142 **MIAMI, FL 33142**

DO NOT WRITE IN THIS SPACE



04242006 No Chg-NP CR2E037 (11/05)

4. FEI Number 65-0514793	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
CABEZAS, RAFAEL
2634-A NW 21ST TERR
MIAMI, FL 33142

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	GUEITSS, CARLOS A
STREET ADDRESS	2634-A NW 21 TERR.
CITY-ST-ZIP	MIAMI, FL 33142
TITLE	VD
NAME	GONZALEZ, ANGEL
STREET ADDRESS	2634-A NW 21 TERR.
CITY-ST-ZIP	MIAMI, FL 33142
TITLE	VC
NAME	VALDEZ, RUBEN
STREET ADDRESS	2015 NW 20 STREET
CITY-ST-ZIP	MIAMI, FL
TITLE	D
NAME	FERNANDEZ, SERGIO
STREET ADDRESS	2207 NW 23RD AVE.
CITY-ST-ZIP	MIAMI, FL 33142
TITLE	D
NAME	NOVO, GUILLERMO
STREET ADDRESS	3070 NW 19 ST.
CITY-ST-ZIP	MIAMI, FL 33125
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 05/09/06-80007-019 70.00

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: Angel Gonzalez **Angel Gonzalez** 4/24/06 786-251-58-01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #