2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N9400003454 1. Entity Name COMANDO F - 4, INC.					FILED 09 JUL 16 AM 9: 03			
Principal Pla 1412 WFD SUITE A MIAMI, FE		Mailing Address 1412 W FLAGUER ST SUITE A MIAMI, FE-33135	ds.		III) eien een een een âtm een	RY OF STAT See, Florid	E D <u>a</u> Min Dinni	
2. Principal OPPORT Suite, Apt		3. Mailing Address Comandos Suite, Apt. #, etc.	=-4 lnc.					
COL N City & Sta	W 60 CT	City & State	CT	05262006 4. FEI Number		CR2E037 (4/06)	oplied For	
Migmi Zip 33126	Country	Miami, FL 33126	Country	65-0512 5. Certificate of		\$8.75 Add		
6. Name and Address of Current Registered Agent 0			Name	7. Name and Address of New Registered Agent Name				
1412 W. FLAGLER ST. Frometa, Rodolfo				Street Address (P.O. Box Number is Not Acceptable)				
MIAMI, PL 33125 601 NW 60 CT Miami, FL 33126								
	Miami, FL	35126	City			FL Zip Cod	е	
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 Signakure, typeling printed name of Registered agent and told if applicable. (NOTE: Registered Agent signature required when reinstating) DATE								
D	Filing Fee is \$61.25 Due by September 6, 2006	npaign Financing `ontribution.	- , -,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Fiorida I	check payable to Department of Si	ate		
10.	OFFICERS AND DIR	ECTORS Delete	11.		IGES TO OFFICERS A	ND DIRECTORS IN	10 Addition	
NAME STREET ADDRESS CITY-ST-ZIP	DIAZ, TERESA M 9682 FOUNTAINBLEU BLVD MIAMI, FL 33172	Lad (761898	NAME D STREET ADDRESS G	iaz, Tensa M 01 NW GO (1iami, FL 3	T			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARTINEZ, GUILLERMO 2039 NW 18 ST MIAMI, FL 33125	☐ Delete	HAME STREET ADDRESS CHY-ST-ZIP	000 04/01/	014830 09010380		Addition	
TITLE NAME STREET ADDRESS	D FROMETA, RODOLFO 161 NW 67 CT.	☐ Deleta	TITLE D NAME STREET ADDRESS G	OINW 60	CT CT	∑ Change	Addition Addition	
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	MIAMI, FL 33126	☐ Delete	CITY-ST-ZIP \(\Lambda\) TITLE NAME STREET ADDRESS CITY-ST-ZIP	Miami, FL	33126	☐ Change	☐ Addition	
TILE	 		TITLE			☐ Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP		☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP					
STREET ADDRESS		☐ Delote ☐ Delote	NAME STREET ADDRESS			Change	Addition	
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby of indicated of the cor	certify that the information supplied with on this report or supplemental report is poration or the receiver or trustee empor or on an attachment with an address, w	Delote this filling does not qualify for true and accurate and that makered to execute this report a	NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP the exemptions conty y signature shall have	e the same legal effect a er 617, Florida Statutes;	is if made under oath; i	or certify that the in that I am an officer ears in Block 10 or	formation or director Block 11 lf	