

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

10 APR -2 AM 7:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



05262006 Chg-NP CR2E037 (4/08)

DOCUMENT # N94000003454			
1. Entity Name COMANDO F - 4, INC.			
Principal Place of Business 601 NW 60 CT MIAMI, FL 33126		Mailing Address 601 NW 60 CT MIAMI, FL 33126	
2. Principal Place of Business COMANDOS F.4. INC Suite, Apt. #, etc. P.O. BOX 260216 City & State MIAMI, FL Zip 33126 Country US		3. Mailing Address COMNDOS F.4 INC Suite, Apt. #, etc. 250216 City & State MIAMI, FL Zip 33126 Country US	

4. FEI Number
65-0512845
Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent FROMETA RODOLFO 601 NW 60 CT MIAMI, FL 33126 US		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 *[Signature]* DATE 3-29-2010
(NOTE: Registered Agent signature required when reappointing)

Filing Fee is \$81.25 Due by September 6, 2006	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DIAZ, TERESA M 601 NW 60 CT MIAMI, FL 33126 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARTINEZ, GUILLERMO 2039 NW 18 ST MIAMI, FL 33125 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FROMETA, RODOLFO 601 NW 60 CT MIAMI, FL 33126 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: *[Signature]* 3-29-2010 305-381-0020
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

305-331-6127 cell