2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000004280

3465 S.W. 25TH ST.

MIAMI, FL 33133 US

Address:

City-St-Zip:

FILED Jaņ 03, 2<u>00</u>8 Secretary of State

Entity Name: TRIANGULO LATINO CLUB, INC. **Current Principal Place of Business: New Principal Place of Business:** 32 SW 21 COURT MIAMI, FL 33135 **Current Mailing Address: New Mailing Address:** 32 SW 21 COURT MIAMI, FL 33135 FEI Number: 65-0594660 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SMITH, SAMUEL E 420 S. DIXIE HWY. SUITE 4KA CORAL GABLES, FL 33146 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete RODRIGUEZ, RAFAEL Name: Name: Address: 515 N.W. 59TH AVE. Address: City-St-Zip: MIAMI, FL 33126 US City-St-Zip: Title: SD () Delete Title: () Change () Addition Name: TORRES, GRACIELLA Name: Address: 321 N.W. 109TH AVE., #8 Address: City-St-Zip: MIAMI, FL 33172 US City-St-Zip: Title: () Delete Title: () Change () Addition TORRES, MARTIN F Name: Name:

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.

Address:

City-St-Zip:

SIGNATURE: TORRES MARTIN F. TD 01/03/2008