

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000004280

FILED
Jan 19, 2009
Secretary of State

Entity Name: TRIANGULO LATINO CLUB, INC.

Current Principal Place of Business:

32 SW 21 COURT
MIAMI, FL 33135

New Principal Place of Business:

Current Mailing Address:

32 SW 21 COURT
MIAMI, FL 33135

New Mailing Address:

FEI Number: 65-0594660

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SMITH, SAMUEL E
420 S. DIXIE HWY.
SUITE 4KA
CORAL GABLES, FL 33146 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: PD () Delete
Name: RODRIGUEZ, RAFAEL
Address: 515 N.W. 59TH AVE.
City-St-Zip: MIAMI, FL 33126 US

Title: SD () Delete
Name: TORRES, GRACIELLA
Address: 321 N.W. 109TH AVE., #8
City-St-Zip: MIAMI, FL 33172 US

Title: TD () Delete
Name: TORRES, MARTIN F
Address: 3465 S.W. 25TH ST.
City-St-Zip: MIAMI, FL 33133 US

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 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: MARTIN F. TORRES

TD

01/19/2009

Electronic Signature of Signing Officer or Director

Date