


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 13, 2007 8:00 am
Secretary of State

05-03-2007 90070 010 ****61.25

DOCUMENT # N95000004371			
1. Entity Name A.I.P.E.U.C. - CAPITULO DE LA FLORIDA, INC.			
Principal Place of Business 1945 LORRIE LYNN LANE JACKSONVILLE, FL 32223		Mailing Address 1945 LORRIE LYNN LANE JACKSONVILLE, FL 32223	
2. Principal Place of Business - No P.O. Box # SAME →		3. Mailing Address 438 GERONA AVE	
Suite, Apt. #, etc.		Suite, Apt. #, etc. CORAL GABLES	
City & State		City & State FLORIDA	
Zip	Country	Zip	Country
33146	USA	33146	USA
4. FEI Number 65-0601786		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ALBERTO CACEDA RPD 1945 LORRIE LYNN LANE JACKSONVILLE MIAMI, FL 32223		7. Name and Address of New Registered Agent Name OLGA RWUAPARA Street Address (P.O. Box Number is Not Acceptable) 438 GERONA AVE. City CORAL GABLES FL Zip Code 33146	
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 <i>[Signature]</i> Signature, typed or printed name of registered agent and fee applicable.		DATE 7/6/07 4-29-07	
Filing Fee is \$61.25 Due by May 1, 2007.		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD ALBERTO, CACEDA R PD 1945 LORRIE LYNN LANE JACKSONVILLE, FL 32223 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD OLGA RWUAPARA 438 GERONA AVE. CORAL GABLES FL 33146 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD JUAN CARLOS, MENDOZA 1945 LORRIE LYNN LANE JACKSONVILLE, FL 32223 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD NORMA HARRIS BAR 1865 79 ST APT 7-B NORTH BAY VILLAGE FL 33141 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD ULLOA, SAUL 5800 S.W. 92ND AVE. MIAMI, FL 33172 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD YOLANDA ALVA 5800 S.W. 92 AVE MIAMI FL 33173 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <i>[Signature]</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE 4-29-07 Daytime Phone #	

66020341



04302007 Chg-NP CR2E037 (12/06)

[Signature]
President

7/6/07