


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 27, 2006 08:00 AM
Secretary of State

DOCUMENT # N96000002083
1. Entity Name
ALLAPATTAH CHAMBER OF COMMERCE COMMUNITY SERVICES, INC.



Principal Place of Business
**2634 A. N.W. 21 TERR
MIAMI, FL 33142**

Mailing Address
**2634 A. N.W. 21 TERR
MIAMI, FL 33142**

DO NOT WRITE IN THIS SPACE



04242006 No Chg-NP CR2E037 (11/05)

4. FEI Number
65-0737685

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

6. Name and Address of Current Registered Agent

**GONZALEZ, ANGEL
2634 A NW 21 TERR
MIAMI, FL 33142**

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GONZALEZ, ANGEL 2634-A NW 21 TERR., MIAMI, FL MIAMI, FL 33142
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FERNANDEZ, SERGIO 3429 N.W. 17TH STREET MIAMI, FL 33125
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GUEITS, CARLOS 2634-A NW 21 TERR. MIAMI, FL 33142
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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05/09/06-80007-018 70.00

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: *Angel Gonzalez* **Angel Gonzalez** 4/24/06 786-251-5801
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #