

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000005893

FILED
Mar 03, 2008
Secretary of State

Entity Name: NETWORK OF INTERNATIONAL, NON-GOVERNMENTAL, CULTURAL ORGANIZATIONS, UNIVERSAL GREAT BROTHERHOOD, S.L., C.A., INC.

Current Principal Place of Business:

1525 BIRD RD
CORAL GABLES, FL 33146

New Principal Place of Business:

Current Mailing Address:

1525 BIRD RD
CORAL GABLES, FL 33146

New Mailing Address:

FEI Number: 65-0714943 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

GALVEZ, GUILLERMO
1525 BIRD RD
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: P () Delete
Name: GONZALEZ, FANNY
Address: 3135 NE 184 ST #2104
City-St-Zip: AVENTURA, FL 33160

Title: V () Delete
Name: ZABALA, SOCORRO
Address: 1470 NE 123 ST #102
City-St-Zip: NORTH MIAMI, FL 33161

Title: S () Delete
Name: ROMERO, INOCENCIO
Address: 18601 NE 14 AVE #105
City-St-Zip: NORTH MIAMI BEACH, FL 33179

Title: T () Delete
Name: SAAL, SALVADOR D
Address: 3135 NE 184 ST #2104
City-St-Zip: AVENTURA, FL 33160

Title: D () Delete
Name: GALVEZ, GUILLERMO
Address: 1525 BIRD RD
City-St-Zip: CORAL GABLES, FL 33146

Title: D () Delete
Name: CRUZ, ANTONIO
Address: 8857 NW 114 ST
City-St-Zip: HIALEAH, FL 33018

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:

Title: () Change () Addition
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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: SALVADOR D SAAL

T

03/03/2008

Electronic Signature of Signing Officer or Director

Date