2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED DOCUMENT # N97000000351 :07 NOV 16 AM 9:38 LOGIA MANSONICA FRANCISCO V. AGUILERA, CORPORATION. SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 600 WEST 29TH STREET 600 WEST 29TH STREET HIALEAH, FL 33010 HIALEAH, FL 33010 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 10192007 Chg-NP CR2E037 (12/06) City & State City & State 4. FEI Number Applied For 65-0747938 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HERNANDEZ, REINALDO Street Address (P.O. Box Number is Not Acceptable) 600 WEST 29TH STREET HIALEAH, FL 33010 <u> 30/0</u> 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 familia the obligations of registered agent. SIGNATURE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make check payable to **\$5.00** May Be Amended AR is \$61.25 Trust Fund Contribution. Florida Department of State Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. APEURO IELESIAS 🗖 Delete JITI F Change TITLE NAME HERNANDEZ, RENNALDO NAME 600 W 29 ST 600 WEST 29TH STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP HIALEAH, FL 33010 CITY-ST-ZIP DT Addition | TITLE Delete TITLE ☐ Change HERNANDEZ, REINALDO NAME NAME 600 WEST 29TH STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP HIALEAH, FL 33010 CITY-ST-7IP DS TITLE Change ☐ Addition TITLE C Delete NAME RODRIGUEZ, FRANCISCO NAME STREET ADDRESS 600 WEST 29TH STREET STREET ADDRESS HIALEAH, FL 33010 CITY-ST-ZIP CITY-ST-ZIP 7001123750mme-70 Addition 11/16/07-01024-004 **61.25 TITLE ☐ Delete BARRETO, PEDRO NAME NAME STREET ADDRESS 600 WEST 29TH ST STREET ADDRESS HIALEAH, FL 33010 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-ZIP 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.