

**2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# N97000002082

**FILED**  
**Oct 25, 2004**  
**Secretary of State****Entity Name:** FLORIDA GOLDEN DREAMERS ASSOCIATION, INC.**Current Principal Place of Business:**9823 N.E. 4TH AVENUE  
MIAMI SHORES, FL 33138**New Principal Place of Business:****Current Mailing Address:**9823 N.E. 4TH AVENUE  
MIAMI SHORES, FL 33138**New Mailing Address:****FEI Number:** 65-0774086      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.**Name and Address of Current Registered Agent:**AZEUNA, JOE  
431 NW 147TH STREET  
MIAMI, FL 33168      US**Name and Address of New Registered Agent:**AFABLE, CARIDAD  
15323 SW 105 AVE.  
MIAMI, FL 33157      US

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: CARIDAD AFABLE

10/25/2004

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:****Title:** D      ( ) Delete  
**Name:** MONDEA, BEBIT  
**Address:** 17051 NE 35TH AVE APT 209  
**City-St-Zip:** N MIAMI, FL 33160**Title:** D      ( ) Delete  
**Name:** GARCIA, JUANITA  
**Address:** 2160 NE 174TH ST  
**City-St-Zip:** N MIAMI BEACH, FL 33162**Title:** D      ( ) Delete  
**Name:** CANTA, DAVID  
**Address:** 1400 NW 19TH STREET, #903  
**City-St-Zip:** MIAMI, FL 33125**Title:** S      ( ) Delete  
**Name:** IBASCO, ROSALIA  
**Address:** 826 PENNSYLVANIA AVENUE, #3  
**City-St-Zip:** MIAMI BEACH, FL 33139**Title:** P      ( ) Delete  
**Name:** AZCUNA, JOE  
**Address:** 431 NW 147TH STREET  
**City-St-Zip:** MIAMI, FL 33168**Title:** VP      ( ) Delete  
**Name:** DURAN, ALFREDO  
**Address:** 6990 NW 186TH STREET, #215A  
**City-St-Zip:** HIALEAH, FL 33015**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:**      ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** D      (X) Change ( ) Addition  
**Name:** GARCIA, JUANITO  
**Address:** 2160 NE 174TH ST  
**City-St-Zip:** N MIAMI BEACH, FL 33162**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:** VP      (X) Change ( ) Addition  
**Name:** CANTA, DAVID  
**Address:** 1400 NW 19TH ST. # 903  
**City-St-Zip:** MIAMI, FL 33125

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: CARIDAD AFABLE

TREA

10/25/2004

Electronic Signature of Signing Officer or Director

Date