

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000002082

FILED
Mar 09, 2006
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 ()

Name and Address of Current Registered Agent:

AFABLE, CARIDAD
15323 SW 105 AVE.
MIAMI, FL 33157 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: D () Delete
Name: MONDEA, BEBIT
Address: 17051 NE 35TH AVE APT 209
City-St-Zip: N MIAMI, FL 33160

Title: D () Delete
Name: GARCIA, JUANITO
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: CANTA, DAVID
Address: 1400 NW 19TH ST. # 903
City-St-Zip: MIAMI, FL 33125

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: AZCUNA, JO
Address: 431 NW 147TH ST.
City-St-Zip: MIAMI, FL 33165 US

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: P (X) Change () Addition
Name: DR. GERALDO, REMEDIOS
Address: 20200 NE 27TH #27
City-St-Zip: AVENTURA, FL 33180 US

Title: VP (X) Change () Addition
Name: PERDOMO, TOMASA
Address: 1774 NW 114TH ST.
City-St-Zip: MIAMI, FL 33167 US

I hereby certify that the information supplied with this filing does not qualify for the 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: CARIDAD AFABLE

TREA

03/09/2006

Electronic Signature of Signing Officer or Director

Date