

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000002856

FILED
Jul 02, 2007
Secretary of State

Entity Name: PUERTO RICAN CHAMBER OF COMMERCE OF CENTRAL FLORIDA, INC.

Current Principal Place of Business:

1943 BROOKS LANE
OVIEDO, FL 32765 US

New Principal Place of Business:

324 WILSHIRE BLVD
CASSELBERRY, FL 32707 US

Current Mailing Address:

P.O. BOX 1297
GOLDENROD, FL 32733 US

New Mailing Address:

FEI Number: 59-3455794 **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:

PEREZ, EMILIO
1943 BROOKS LANE
OVIEDO, FL 32765 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: PEREZ, EMILIO
Address: 1943 BROOKS LANE
City-St-Zip: OVIEDO, FL 32765 US

Title: VP () Delete
Name: VAZQUEZ, PABLO
Address: 2840 PAMPAS COURT
City-St-Zip: KISSIMMEE, FL 34746 US

Title: S () Delete
Name: FIGUEROA, MILTON J
Address: 499 SR 434 SUITE 2113
City-St-Zip: ALTAMONTE SPRINGS, FL 32714 US

Title: T () Delete
Name: SUAREZ, RALPH A
Address: 1417 N. SEMORAN BLVD SUITE 202
City-St-Zip: ORLANDO, FL 32807 US

Title: D () Delete
Name: SHARIFI, NANCY
Address: 255 S. ORANGE AVENUE SUITE 1590
City-St-Zip: ORLANDO, FL 32301 US

Title: D (X) Delete
Name: PIETRI, VIONETTE
Address: 430 SR 436 SUITE 248
City-St-Zip: CASSELBERRY, FL 32707 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: FIGUEROA, MILTON J
Address: 499 N SR 434 SUITE 2113
City-St-Zip: ALTAMONTE SPRINGS, FL 32714 US

Title: T (X) Change () Addition
Name: RODRIGUEZ, RODNEY
Address: 324 WILSHIRE BLVD
City-St-Zip: CASSELBERRY, FL 32707 US

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: EMILIO PEREZ

P

07/02/2007

Electronic Signature of Signing Officer or Director

Date