

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000003001

FILED  
Apr 19, 2007  
Secretary of State

**Entity Name:** CORRECTIONAL OFFICERS BENEVOLENT ASSOCIATION, INC.

**Current Principal Place of Business:**

10680 N.W. 25TH ST  
MIAMI, FL 33172

**New Principal Place of Business:**

**Current Mailing Address:**

10680 N.W. 25TH ST  
MIAMI, FL 33172

**New Mailing Address:**

**FEI Number:**                      **FEI Number Applied For ( )**                      **FEI Number Not Applicable (X)**                      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

RIVERA, JOHN  
10680 N.W. 25TH ST  
MIAMI, FL 33172    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: PD                      ( ) Delete  
Name: RIVERA, JOHN  
Address: 10680 N W 25TH STREET  
City-St-Zip: MIAMI, FL 33172

Title: D                      ( ) Delete  
Name: STAHL, STEADMAN  
Address: 10680 N W 25TH STREET  
City-St-Zip: MIAMI, FL 33172

Title: D                      ( ) Delete  
Name: DE LOS SANTOS, LUIS  
Address: 10680 NW 25TH STREET  
City-St-Zip: MIAMI, FL 33172

Title: D                      ( ) Delete  
Name: DURAND, JORGE  
Address: 10680 NW 25TH STREET  
City-St-Zip: MIAMI, FL 33172

**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  
Name:  
Address:  
City-St-Zip:

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: JOHN RIVERA

PD

04/19/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date