2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2009
Secretary of State

DOCUMENT# N98000007346

Entity Name: UNITED CORRECTIONAL OFFICERS FEDERATION, INC.

Current Principal Place of Business:

12952 SW 133 CT.
SUITE B
MIAMI, FL 33186

New Principal Place of Business:

Current Mailing Address:

15731 SW 59 TERRACE
MIAMI, FL 33193

New Mailing Address:

FEI Number: 65-0812925 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

NIEVES, EDGAR
12952 SW 133 CT. # B
MIAMI, FL 33186 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:	V/D	( ) Delete
Name:	RUANO, ROGER	
Address:	12952 SW 133 CT. # B	
City-St-Zip:	MIAMI, FL 33186 US	
Title:	STD	( ) Delete
Name:	NIEVES, MARGARITA	
Address:	12952 SW 133 CT. # B	
City-St-Zip:	MIAMI, FL 33186 US	
Title:	TR	(X) Delete
Name:	FERNANDEZ, LEONARDO	
Address:	12952 SW 133 CT. # B	
City-St-Zip:	MIAMI, FL 33186 US	
Title:	TR	( ) Delete
Name:	BROWN, ROBERT	
Address:	12952 SW 133 CT. # B	
City-St-Zip:	MIAMI, FL 33186 US	
Title:	TR	( ) Delete
Name:	CUNNINGHAM, JAMES	
Address:	12952 S.W 133 CT #B	
City-St-Zip:	MIAMI, FL 33186 US	
Title:	PD	( ) Delete
Name:	NIEVES, EDGAR	
Address:	12952 SW 133 CT. # B	
City-St-Zip:	MIAMI, FL 33186 US	

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:	
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: EDGAR NIEVES PD 04/22/2009

Electronic Signature of Signing Officer or Director — Date