

2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Sep 14, 2006
Secretary of State

DOCUMENT# N99000004513

Entity Name: FUNDACION BORIQUEA, INC.

Current Principal Place of Business:1865 ECONOLOCKHATCHEE TRAIL
ORLANDO, FL 32817**New Principal Place of Business:**920 KERWOOD CIRCLE
OVIEDO, FL 32765**Current Mailing Address:**P.O. BOX 677065
ORLANDO, FL 32867**New Mailing Address:**920 KERWOOD CIRCLE
OVEIDO, FL 32765

FEI Number: 59-3600947

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:FLICK, JAMES J
940 HIGHLAND AVE.
ORLANDO, FL 32803 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: LUYANDA, JOSE H
Address: 1007 TRAVERTINE TERRACE
City-St-Zip: SANFORD, FL 32771Title: S () Delete
Name: CACERES, SYLVIA T
Address: 3755 PEACE PIPE DRIVE
City-St-Zip: ORLANDO, FL 32829Title: T () Delete
Name: MARTINEZ, AMILCAR T
Address: 8227 NEWBURY SOUND LANE
City-St-Zip: ORLANDO, FL 32829Title: DIR () Delete
Name: PAGAN, VICTOR
Address: 4409 HOFFNER AVENUE #173
City-St-Zip: ORLANDO, FL 32812Title: () Delete
Name:
Address:
City-St-Zip:Title: () Delete
Name:
Address:
City-St-Zip:**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: S (X) Change () Addition
Name: FRANCESCHINI, BETSY
Address: 920 KERWOOD CIRCLE
City-St-Zip: OVEIDO, FL 32765Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: VP () Change (X) Addition
Name: RIVERA, AIDA M
Address: 2901 HUNTERS LANE
City-St-Zip: OVEIDO, FL 32765Title: DIR () Change (X) Addition
Name: OTERO, CARMINA
Address: 2512 ABALONE BLVD
City-St-Zip: ORLANDO, FL 32833

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: JOSE H. LUYANDA

P

09/14/2006

Electronic Signature of Signing Officer or Director_____
Date