

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 742637

**FILED**  
**Apr 17, 2013**  
**Secretary of State**  
**CC7182062303**

**Entity Name:** ALLAPATTAH COMMUNITY ACTION, INC.

**Current Principal Place of Business:**

2257 NW N. RIVER DR.  
MIAMI, FL 33125-2241

**Current Mailing Address:**

2257 NW N. RIVER DR.  
MIAMI, FL 33125-2241

**FEI Number: 59-2000654**

**Certificate of Status Desired: Yes**

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

MESA, ARDO  
10905 SW 112 AVENUE  
#408  
MIAMI, FL 33176 US

*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

**Officer/Director Detail :**

Title            CHRM  
Name            ARDO, MESA  
Address        10905 SW 112 AVENUE #408  
City-State-Zip: MIAMI FL 33176

Title            DIRECTOR  
Name            TELLA, EDUARDO  
Address        11337 NW 15 CT.  
City-State-Zip: PEMBROKE PINES FL 33026

Title            S  
Name            DAUSA, JOSE ENRIQUE  
Address        9145 FOUNTAINBLEAU BLVD. #8  
City-State-Zip: MIAMI FL 33172

Title            D  
Name            VALDES, RUBEN  
Address        2015 N.W. 20TH ST.  
City-State-Zip: MIAMI FL 33142

Title            VPT  
Name            BARRIOS, DAVID  
Address        18158 NW 89 PLACE  
City-State-Zip: MIAMI LAKES FL 33018

Title            D  
Name            FAJARDO, ALVARO  
Address        6039 COLLINS AVE #633  
City-State-Zip: MIAMI BEACH FL 33140

Title            DIRECTOR  
Name            DUTTON, DOUGLAS  
Address        7853 W. 36TH AVE #1C1  
City-State-Zip: HIALEAH FL 33018

*I hereby 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 all other like empowered.*

**SIGNATURE: ARDO MESA**

**CHRM**

**04/17/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date