

# 2003 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 27, 2006 8:00 am**  
**Secretary of State**

03-27-2006 90252 033 \*\*\*\*61.25

**DOCUMENT # 722645**

1. Entity Name

**CASA DE LOS DE SANTA MARTA DE ORTIGUEIRA EN  
MIAMI, INC.**



Principal Place of Business

**1815 NW NORTH RIVER DR.  
MIAMI FL 33125**

Mailing Address

**1815 NW NORTH RIVER DR.  
MIAMI FL 33125**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**51-0204107**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

1st MOORE

CR2E037 (10/05)

6. Name and Address of Current Registered Agent

**CASTILLO, OSVALDO  
10364 SW 8 TERR  
MIAMI FL 33174**

7. Name and Address of New Registered Agent

Name **LAVIN, FRANCISCO**

Street Address (P.O. Box Number is Not Acceptable)

**3210 S.W. 94 Ave.**

City **MIAMI**

**FL**

Zip Code **33165**

8. 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. I am familiar with, and accept the obligations of registered agent.

**FRANCISCO LAVIN**

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**March 15-2006**

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **SD** ☐ Delete  
NAME **FERNANDES, MARIA**  
STREET ADDRESS **2025 SW 18 STREET**  
CITY-ST-ZIP **MIAMI FL 33145**

TITLE **TD** ☐ Delete  
NAME **LAVIN, FRANCISCO**  
STREET ADDRESS **3210 SW 94 AVE.**  
CITY-ST-ZIP **MIAMI FL 33165**

TITLE **PD** ☐ Delete  
NAME **CASTILLO, OSVALDO**  
STREET ADDRESS **10864 SW 8 TERR**  
CITY-ST-ZIP **MIAMI FL 33174**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **PRESIDENT** ☒ Change ☐ Addition  
NAME **LAVIN, FRANCISCO**  
STREET ADDRESS **3210 SW 94 AVE**  
CITY-ST-ZIP **MIAMI, FL 33165**

TITLE **TREASURER** ☒ Change ☐ Addition  
NAME **CASTILLO, OSVALDO**  
STREET ADDRESS **10864 SW 8 TERR**  
CITY-ST-ZIP **MIAMI, FL 33174**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**FRANCISCO LAVIN**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**03-15-06**

**305 552 5989**

Date

Daytime Phone #