


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 16, 2005 08:00 AM
Secretary of State

DOCUMENT # 738168 1. Entity Name ASOCIACION CIVICA BAYAMESA, INC.					
Principal Place of Business P.O. BOX 440852 MIAMI FL 33144		Mailing Address P.O. BOX 440852 MIAMI FL 33144			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-1909169	
Zip		Country		Applied For <input type="checkbox"/> Not Applicable	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MILLAN, DORALIO CESAR 5352 SW 144 CT MIAMI FL 33175			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL		Zip Code
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.					
SIGNATURE <i>D. Millan</i>		DATE 2/18/05			
FILE NOW: FEE IS \$61.25 Due By May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	VPD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CODINA, JOSE GENARIO		NAME	U00000231823	
STREET ADDRESS	1510 NW 19 AVE, APT 304-G		STREET ADDRESS	112/16/05-80046-002 61.25	
CITY-ST-ZIP	MIAMI FL 33125		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LOPEZ, AVELINO		NAME		
STREET ADDRESS	14754 SW 61 LINE		STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33193		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	REMOND, JAIME R		NAME		
STREET ADDRESS	12322 SW 28 TERRACE		STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33175		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MILLAN, DORALIO CESAR		NAME		
STREET ADDRESS	5352 SW 144 CT		STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33175		CITY-ST-ZIP		
TITLE	OJEDA, FRANCISCO G	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	13832 SW 14TH STREET		NAME		
STREET ADDRESS	MIAMI FL		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	PPD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ECHAVARRIA, GUILLERMO		NAME		
STREET ADDRESS	6995 W 17 CT		STREET ADDRESS		
CITY-ST-ZIP	HIALEAH FL		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <i>DORALIO CESAR MILLAN</i>		DATE: 2/18/05 305-554-9989			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	



1st MOORE CR2E037 (10/04)