


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 05, 2006 08:00 AM
Secretary of State

DOCUMENT # 744748 1. Entity Name HIJAS DE LA ACACIA, INC.	
--	---

Principal Place of Business 910 N.W. 22 AVE. MIAMI, FL 33125	Mailing Address 910 N.W. 22 AVE. MIAMI, FL 33125
--	--

DO NOT WRITE IN THIS SPACE



01032006 No Chg-NP CR2E037 (11/05)

4. FEI Number 59-1795407	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SALAS-AMARO, YOLANDA
 910 N.W. 22 AVE.
 MIAMI, FL 33125

DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD SALAS-AMARO, YOLANDA 534 S W 68 AVE MIAMI, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD ZORAIDA, SERRA 910 NW 22 AVE MIAMI, FL 33125
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD MARTIN, CARMELINA 910 N.W. 22ND AVE. MIAMI, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

U00000378404
 01/09/06-80004-007 61.25

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 another like employer.

SIGNATURE: Yolanda Salas-Amaro **1-03-06 (305) 262-9237**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: YOLANDA SALAS-AMARO Date: _____ Daytime Phone #: _____