## V-500

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## FILED Feb 14, 2003 8:00 am Secretary of State

2003 NOT-FOR-PROFIT CORPORA	
UNIFORM BUSINESS REPORT (	

Principal Place of Business	DOCUMENT # NO200005020  1. Entity Name AMIGOS Y VECINOS DE ALTAHABANA, CORP.					01-21-2003 90	142 039 **	**61.25	
Sutio, Apt. 4. etc.    City & State   Country   Application   A. FEI Number   Application   Application   Application   Application   A. FEI Number   Application   Applic	35 NW 26TH AVE 3		35 NW 26TH AVE		J CARNIAN BU BE	1 1781 1811 1811 1811 1811 1811 18	1187 - 1187   1187   1188   1188	D 1114 12 <b>3</b> 1	
City & State  Applied For  Not Applied For	2. Principal Pl	ace of Business	3. Mailing Address						
State   Stat	Suite, Apt. #, etc. Suite, Apt. #, etc		Suite, Apt. #, etc.			CHECK HERE IF MAKIN	G CHANGES		
### Country ### Country ### Country ### S. Certificate of Status Desired ### \$2.75 Assistical Frequency ### Programmed #### Programmed ### Programmed ### Programmed ### Programmed ### Programmed ### Programmed #### Programmed ##### Programmed ##### Programmed ##### Programmed ####### Programmed ####### Programmed ###################################	City & State		City & State		4.12.740				
BENGNO, RECAREY 1881 SW 83RD AXE MANI F1 33157  BENGNO, RECAREY 1881 SW 83RD AXE MANI F1 33157  City FL Zip Code  B. The above named entry 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  BY SHEEN HORSES  FILE NOW: FEE IS \$61.25  FILE NOW: FEE IS \$61.25  SIGNATURE  BY SHEEN HORSES  FILE NOW: FEE IS \$61.25  FILE	Zip	Country	Zip	Zip Country		\$8.75 Additional			
BENGNO, RECAREY 16610 SW SSRD AVE MAME FL 33157  B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Poricts. Lam familiar with, and accept the obligations of registered agent.  SpiCNATURE  Dysours, bodo or printed name of registered agent.  SpiCNATURE  Dysours, bodo or printed name of registered agent and days and days a spot and days and days and days a spot and days and da		A New and Address of Courses	Begisteerd Agent	<u> </u>	7. Name and Add	ress of New Registered			
16810 SW 83RD AVE MAMI FL 33157  Express speed or pirited rams of registered agent.  Signature. Speed or pirited rams of registered agent.  Intelligence of registered agent.  I			registered Agent	Name					_
### Addition  #### Addition  #### Addition  #### Addition  #### Addition  #### Addition  #### Addition  ###################################				Street Address	Street Address (P.O. Box Number is Not Acceptable)				
8. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.    PICE NOW: FEE IS \$61.25	· ·		•		<del></del>				
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FILE NOW: FEE IS \$61.25  9. Election Campaign Financing   \$5.00 May Be   Make Check Payable to   Florida Department of State    10. OFFICERS AND DIRECTORS   11. ADDITIONS/CHANGES TO OFFICERS AND D	B. The above	named entity submits this statement to	r the purpose of changing its	registered office or regist	tered agent, or both, in	the State of Florida. I an	n familiar with,	and accept	
FILE NOW: FEE IS \$61.25  9. Election Campaign Financing Trust Fund Contribution.	, ⊸ine obligati	ons or registered agent.							
FILE NOW: FEE IS \$61.25  9. Election Campaign Financing Trust Fund Contribution.	. SIGNATURE _	Stroughum, typed or printed name of registered agent	and title if applicable. (NOT	E; Registered Agent signature requi	ired when reinstating)	DATE	<del> </del>	<del></del> ]	
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		partify that the information available will	this filling does not qualify for		Section 119 07/3)(i) Fig.	orida Statutes. I further o	ertify that the in	formation	

Interest certal that the mornation supplied with this limit does not equilibre to the exemption stated in 360.007 (13.07.5)(0), Fortical stated in the mornation supplied with the same legal effect as if made under orth; that I am an officer or director of the corporation or the receiver or those 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: