2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 23, 2004 8:00 am Secretary of State

2				ci ciai y		uv
DOCUMENT # N02000006 1. Entity Name SAN JOSE OBRERO FOUNDATION	04-23-2004 90211 036 ****80.00					
Principal Place of Business 1019 S.W. 24 ROAD MIAMI, FL 33129		54039276				
2. Principal Place of Business + h Avenue	3. Mailing Address	- 1007				
Suite, Apt. #, etc. Suite, Apt. #, etc.			04202004 Ch	g-NP CR2	E037 (10/03)	
Miami, FL Miami, FL			4. FEI Number Applied For 03-0481427 Not Applicable			
33144 Country	33245-1007	Country	5. Certificate of Sta	 	\$8.75 Add	itional
6. Name and Address of Current I	<u> </u>			ress of New Register	Fee Required ed Agent	<u> </u>
Name						
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			ddress (P.O. Box Number is Not Acceptable)			
MIAMI, FL 33129			 -	·		
	City	FL Zip Code				
8. The above named entity subpatts this statement for	the purpose of changing its re	gistered office or regis	tered agent, or both, in	the State of Florida. 1	am familiar with,	and accept
the obligations of registered agent.		•			1 1 11 11 11 11 11 11 11 11 11 11 11 11	1
SIGNATURE (20-09	
Syndayre, hyperda printed name of registered agent a	nd title if applicable. (NOTE: F	legistered Agent signature requi	red when reinstating)	DA	TE .	
Filing Fee is \$61.25 Due by May 1, 2004 9. Election Campaign Financia Trust Fund Contribution.			\$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 PD NAME LOPEZ, ALEJANDRO FATHER	Delete	TITLE NAME			☐ Change	Addition
STREET ADDRESS 1019 S.W. 24 ROAD		STREET ADDRESS				
CITY-ST-ZIP MIAMI, FL 33129		CITY-ST-ZIP				
TITLE VD NAME ORTEGA, BERTHA	- Delete -	TITLE NO DRI	rega, Berth	A	Change	Addition
STREET ADDRESS 1019 S.W. 24 ROAD				enve		
CITY-ST-ZIP MIAMI, FL 33129		CITY-ST-ZIP MI	ami, FL 33	144		
TITLE TD	☐ Delete	11TLE	•		☐ Change	Addition
NAME CARRERAS, JOSEFINA STREET ADDRESS 1019 S.W. 24 ROAD		NAME STREET ADDRESS				
CITY-SI-ZIP MIAMI, FL 33129		CITY-ST-ZIP				
TITLE S	☐ Delete	TITLE 5	CLA BOTTH		Change	Addition
NAME ORTEGA, BETTY		NAME ON	ega, Betty 2 sw Ubth A	venve		
STREET ADDRESS 1019 S.W. 24 ROAD CITY-ST-ZIP MIAMI, FL 33129			AMI, FL 3	33144		
THE .	□ Delete	TITLE	P-0711 1 P .		☐ Change	Addition
NAME		NAME			_ •	_
STREET ADDRESS	•	STREET ADDRESS	:	•		
CITY-SI-ZIP		CITY-ST-ZIP		17 71 G	. Chara-	Addition
NAME	☐ Delete	TITLE ' NAME .		- · · · · ·	Change	☐ Addition
· ·		STREET ADDRESS	• • • • • • • • • • • • • • • • • • • •			

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 reference 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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNACURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Dayline Phone #