

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 21, 2005 8:00 am
Secretary of State

03-21-2005 90127 050 ****70.00

DOCUMENT # N02000006319	
1. Entity Name SAN JOSE OBRERO FOUNDATION CORP.	
Principal Place of Business 822 SW 66TH AVE. MIAMI, FL 33144	Mailing Address P.O. BOX 45-1007 MIAMI, FL 33245



03162005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 03-0481427	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☒	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CARRERAS, JOSEFINA 1019 S.W. 24 ROAD MIAMI, FL 33129
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**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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering)

**Filing Fee is \$61.25
Due by May 1, 2005**

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 LOPEZ, ALEJANDRO FATHER 1019 S.W. 24 ROAD MIAMI, FL 33129
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ORTEGA, BERTHA 822 SW 66TH AVENUE MIAMI, FL 33144
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CARRERAS, JOSEFINA 1019 S.W. 24 ROAD MIAMI, FL 33129
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ORTEGA, BETTY 822 SW 66TH AVENUE MIAMI, FL 33144
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-17-2005

305 989 9144

Josefina Carreras