

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 25, 2006 08:00 AM
Secretary of State

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**



01092008 No Chg-NP

CF2E037 (11/05)

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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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

Signature, typed or printed name of registered agent and file if applicable

(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
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**

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02/02/06-00085-004 70.00

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 all other like empowered.

SIGNATURE:

Josefina Carreras

Date

01-18-2006 (305) 858127

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #