

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 25, 2005
Secretary of State**

DOCUMENT# N02000007101

Entity Name: ISABEL DEL CALVO MEMORIAL SCHOLARSHIP FUND, INC.

Current Principal Place of Business:

3210 SW 190 AVE.
HOLLYWOOD, FL 33029

New Principal Place of Business:

Current Mailing Address:

3210 SW 190 AVE.
HOLLYWOOD, FL 33029

New Mailing Address:

FEI Number: 11-3653411 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DEL CALVO, TERI
5411 N.W. 110 AVE.
MIAMI, FL 33178 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: DEL CALVO, TERI
Address: 3210 SW 190 AVE.
City-St-Zip: HOLLYWOOD, FL 33029

Title: SD () Delete
Name: BABEITO-LOVETT, MARIA
Address: 7720 S.W. 78TH STREET
City-St-Zip: MIAMI, FL 33143

Title: T () Delete
Name: DEL CALVO, TERESITA
Address: 3225 S.W. 96 AVE.
City-St-Zip: MIAMI, FL 33165

Title: D (X) Delete
Name: MUMMERT, JEFFREY
Address: 5601 COLLINS AVE. #416
City-St-Zip: MIAMI, FL 33140

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TERI DEL CALVO

PD

04/25/2005

Electronic Signature of Signing Officer or Director

_____ Date