

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

FILED
Jan 13, 2005 08:00 AM
Secretary of State

DOCUMENT # N02000008560

1. Entity Name
FUNDACION KANJOBAL GUATEMALTECA, INC.



Principal Place of Business
**1101 N.W. 9TH COURT
HOMESTEAD, FL 33030**

Mailing Address
**P.O. BOX 901436
HOMESTEAD, FL 33030**



01102005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
75-3087248

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**FRANCISCO, ANTONIO LEON
1101 N.W. 9TH COURT
HOMESTEAD, FL 33030**

**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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**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
FRANCISCO, ANTONIO LEON
1101 N.W. 9TH COURT
HOMESTEAD, FL 33030**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VPD
JUAREZ, MARCOS
1141 NW 9TH ST
HOMESTEAD, FL 33030**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**DS
DIEGO, MIGUEL
1227 N.W. 12TH ST.
HOMESTEAD, FL 33030**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**TREA
MARCOS, GERONIMO
1291 N.W. 10TH ST.
HOMESTEAD, FL 33030**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**TRES
PEDRO, ANDRES
600 N.W. 8TH AVE.
HOMESTEAD, FL 33030**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

1100000179554
01/13/05-80023-013 70.00

**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

1/10/05 (315)248-9200

Date

Daytime Phone #