

**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      Mailing Address  
 1101 N.W. 9TH COURT      P.O. BOX 901436  
 HOMESTEAD, FL 33030      HOMESTEAD, FL 33030

**DO NOT WRITE IN THIS SPACE**



01102005 No Chg-NP      CR2E037 (10/03)

4. FEI Number <b>75-3087248</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**  
 FRANCISCO, ANTONIO LEON  
 1101 N.W. 9TH COURT  
 HOMESTEAD, FL 33030

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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 reinstating)

**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	

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 01/13/05-80023-013 70.00

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: Antonio Leon      1/10/05      (305) 248-9200  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #