


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 11, 2005 8:00 am
Secretary of State

07-11-2005 90122 047 ****61.25

DOCUMENT # N04000003103

1. Entity Name
 UNION DE EXALUMNOS SALESIANOS, CAPITULO MIAMI(UES), INC.



Principal Place of Business
 110 N.W. 114 AVE
 NO. 104
 MIAMI, FL 33172

Mailing Address
 110 N.W. 114 AVE
 NO. 104
 MIAMI, FL 33172

2. Principal Place of Business
 8420 West Flagler St.
 Suite, Apt. #, etc.
 120A

3. Mailing Address
 8420 West Flagler St.
 Suite, Apt. #, etc.
 120A

City & State
 Miami, FL

City & State
 Miami, FL

Zip
 33144

Country
 DADE

Zip
 33144

Country
 DADE



07062005 Chg-NP CR2E037 (10/03)

4. FEI Number **N/A**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

PACHECO, RENE
 110 N.W. 114 AVE
 NO. 104
 MIAMI, FL 33172

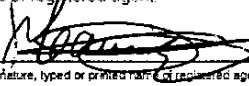
7. Name and Address of New Registered Agent

Name **Ruben I Canizales**

Street Address (P.O. Box Number is Not Acceptable)
8420 West Flagler St Ste 120A

City **Miami** State **FL** Zip Code **33144**

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:  **Dr. Ruben Canizales** DATE: **07-07-05**

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 September 7, 2005

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	CANIZALES, RUBEN	
STREET ADDRESS	8420 WEST FLAGLER ST. SUITE 120-A	
CITY-ST-ZIP	MIAMI, FL 33144	
TITLE	D	<input type="checkbox"/> Delete
NAME	URBINA, ENRIQUE	
STREET ADDRESS	575 N.W. BLD.	
CITY-ST-ZIP	MIAMI, FL 33126	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	PACHECO, RENE	
STREET ADDRESS	110 N.W. 114 AVE #104	
CITY-ST-ZIP	MIAMI, FL 33172	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	URBINA ENRIQUE	
STREET ADDRESS	556 WEST FLAGLER ST #1005	
CITY-ST-ZIP	MIAMI, FL. 33130	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DIRECTOR	
STREET ADDRESS	DIEGO KERNADI	
CITY-ST-ZIP	8640 SW 75th St. MIAMI, FL. 33149	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:  **ENRIQUE S. URBINA** DATE: **07-06-05** DAYTIME PHONE #: **305-324-0663**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR