


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

*Amended
FILED*

05 DEC -5 PM 3:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N32059			
1. Entity Name PADRE FELIX VARELA FOUNDATION, INC.			
Principal Place of Business 15630 SW 42ND LANE MIAMI, FL 33185 US		Mailing Address 15630 SW 42ND LANE MIAMI, FL 33185 US	
2. Principal Place of Business <i>9840 S.W. 19th ST</i>		3. Mailing Address <i>SAME 9840 S.W. 19th ST</i>	
Suite, Apt. #, etc. <i>MIAMI, Florida 33165</i>		Suite, Apt. #, etc. <i>MIAMI, FL</i>	
City & State		City & State	
Zip <i>33165</i>	Country <i>USA</i>	Zip <i>33165</i>	Country <i>USA</i>
6. Name and Address of Current Registered Agent DE LA TORRE, ROGELIO 15630 S.W. 42ND LANE MIAMI, FL 33185		7. Name and Address of New Registered Agent Name <i>ABISLAIMAN, RAFAEL</i> Street Address (P.O. Box Number is Not Acceptable) <i>9840 S.W. 19th ST.</i> City <i>Miami</i> FL Zip Code <i>33165</i>	
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 <i>Rafael B. Abislaiman</i> Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE <i>Nov. 30/05</i>			
<input checked="" type="checkbox"/> Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MIRET, GERMAN J 8260 SW 91 ST. MIAMI, FL 33156 <input type="checkbox"/> Delete	TITLE <i>W</i> NAME STREET ADDRESS CITY-ST-ZIP	<i>Abislaiman, RAFAEL B.</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>9840 S.W. 19th ST</i> <i>MIAMI, FL 33165</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD TORRE, AMALIA V DE LA 15630 SW 42ND LANE MIAMI, FL 33185 <input type="checkbox"/> Delete	TITLE <i>VD</i> NAME STREET ADDRESS CITY-ST-ZIP	<i>GERMAN J. MIRET</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>8260 S.W. 91ST.</i> <i>MIAMI, FL 33156</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD REYES-GAVILAN, ALICIA 10908 SW 72 ST. #215 MIAMI, FL 33173 <input type="checkbox"/> Delete	TITLE <i>SD</i> NAME STREET ADDRESS CITY-ST-ZIP	<i>Reyes-Gavilan, ALICIA</i> <input type="checkbox"/> Change <input type="checkbox"/> Addition <i>10908 S.W. 72nd St # 215</i> <i>MIAMI, FL 33173</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS GUERRA, PEDRO 9425 SW 39 ST MIAMI, FL 33165 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Garcia, Fabiola</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>9150 Fontainebleau Blvd. #204</i> <i>MIAMI FL. 33012</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ABISLAIMAN, ELOISA B 9840 SW 19TH ST MIAMI, FL 33165 <input type="checkbox"/> Delete	TITLE <i>TD</i> NAME STREET ADDRESS CITY-ST-ZIP	<i>ROCA, Emilio G.</i> <input type="checkbox"/> Change <input type="checkbox"/> Addition <i>600 NW 34th Ave.</i> <i>MIAMI FL - 33125</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT ROCA, EMILIO G 600 NW 34TH AVE MIAMI, FL 33125 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Cobelo, Yolanda</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>1400 S.W. 84 CT</i> <i>MIAMI FL 33144</i>
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: <i>Rafael B. Abislaiman</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		- RAFAEL B. Abislaiman - Nov 30/05 Date 305 553 3458 Daytime Phone	