

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N34038

FILED
Mar 02, 2005
Secretary of State

Entity Name: AMERICAN FRATERNITY INC.

Current Principal Place of Business:

10364 WEST FLAGLER STREET
MIAMI, FL 33174 US

New Principal Place of Business:

Current Mailing Address:

10364 WEST FLAGLER STREET
MIAMI, FL 33174 US

New Mailing Address:

FEI Number: 65-0172193 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

OVIEDO-REYES, ALFONSO E
10364 WEST FLAGLER STREET
MIAMI, FL 33174 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: DP () Delete
Name: OVIEDO-REYES, ALFONSO
Address: 10364 WEST FLAGLER STREET
City-St-Zip: MIAMI, FL 33174 US

Title: DV () Delete
Name: LOPEZ, AURORA
Address: 14830 SW 143 STREET
City-St-Zip: MIAMI, FL 33196

Title: D () Delete
Name: PORTILLO, SOCORRO
Address: 1044 SW. 10 ST
City-St-Zip: MIAMI, FL 33130

Title: () Delete
Name:
Address:
City-St-Zip:

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: D () Change (X) Addition
Name: MORENO, NERY N
Address: 321 N.W. 109 AVENUE UNIT # 5
City-St-Zip: MIAMI, FL 33172

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: SOCORRO PORTILLO

D

03/02/2005

Electronic Signature of Signing Officer or Director

_____ Date