


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 08, 2007 08:00 AM**  
**Secretary of State**


**DOCUMENT # N48676**

1. Entity Name  
**ASOCIACION DE VECINOS DE CATALINA Y SUS BARRIOS, INC.**



Principal Place of Business 13741 SW 15 ST MIAMI, FL 33184 US	Mailing Address 13741 SW 15 ST MIAMI, FL 33184 US
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**DO NOT WRITE IN THIS SPACE**



01222007 No Chg-NP CR2E037 (4/06)

4. FEI Number 65-1115532	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

**BAIZA, CARIDAD**  
 13741 SW 15 ST  
 MIAMI, FL 33184

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B. 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25**  
**Due by May 1, 2007**

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	P LIMA-EXPOSITA, MARIA A 11751 SW 15 ST MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BAIZA, CARIDAD R 13741 SW 15 ST MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ALONSO, RAQUEL 3700 E 8TH ST HIALEAH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T RODRIGUEZ, LORENZO 2121 N.W. 1 TERRACE MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GONZALEZ, FELIX 4024 NW 5 ST MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OLIVA, ALICIA 660 E 10 PL HIALEAH, FL

U00000628755  
 02/16/07-80029-020 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statute, indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made up of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my changed, or on an attachment with an address, with all other like or empowered.

**SIGNATURE:** *Maria A. Lima-Exposita* President 1/28  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date