


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2005 08:00 AM
Secretary of State

DOCUMENT # N94000005789
 1. Entity Name
FUNDACION DOMINICANA DE INFECTOLOGIA OF FLORIDA, INC.



Principal Place of Business: **1067 SW 86TH CT. MIAMI, FL 33144**
 Mailing Address: **1067 SW 86TH CT. MIAMI, FL 33144**



01062005 No Chg-NP CR2E037 (10/03)

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4. FEI Number **65-0550188** Applied For Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
FLOREN, ANGELICA DR.
1067 SW 88TH CT.
MIAMI, FL 33144

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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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

Filing Fee is \$61.25 Due by May 1, 2005

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

U00000324710
 04/22/05-80103-015 61.25

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	DE FIALLO, GERMANIA
STREET ADDRESS	EPS A-383, P.O. BOX 5256 N/A
CITY-ST-ZIP	MIAMI, FL 33102
TITLE	D
NAME	DE ARMENTEROS, MARIA L
STREET ADDRESS	EPS A-383, P.O. BOX 5256 N/A
CITY-ST-ZIP	MIAMI, FL 33102
TITLE	D
NAME	DE PAIZ, OLGA
STREET ADDRESS	EPS A-383, P.O. BOX 5256 N/A
CITY-ST-ZIP	MIAMI, FL 33102
TITLE	D
NAME	DE FERIS, PILAR
STREET ADDRESS	EPS A-383, P.O. BOX 5256 N/A
CITY-ST-ZIP	MIAMI, FL 33102
TITLE	D
NAME	PEINADO, MARIA
STREET ADDRESS	8250 S.W. 33 TERR
CITY-ST-ZIP	MIAMI, FL 33155
TITLE	D
NAME	FLOREN, ANGELICA
STREET ADDRESS	1067 S.W. 86TH CT.
CITY-ST-ZIP	MIAMI, FL 33144

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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:  _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #