2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2004 08:00 AM
Secretary of State

DOCUMENT # N95000003134

1. Entity Name
FUNDACION COMPARTIR, INC.

Principal Place of Business	Mailing Address
19602 CYPRESS WAY MIAMI, FL 33015	P.O. BOX 661016 MIAMI SPRINGS, FL 33266-1016

DO NOT WRITE IN THIS SPACE

02232004 No Chg-NP CR2E037 (10/03)

4. FEI Number
65-0592601

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

GANS, DORIS
19602 CYPRESS WAY
MIAMI, FL 33015

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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2004

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

000000067517
02/27/04-80003-005 61.25

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	SEPULVEDA, MAYTEE D
STREET ADDRESS	2913 N.W. 97 CT.
CITY-ST-ZIP	MIAMI, FL 33172
TITLE	TD
NAME	GANS, DORIS
STREET ADDRESS	19602 CYPRESS WAY
CITY-ST-ZIP	MIAMI, FL 33015
TITLE	DS
NAME	LIBERTAD, GLORIA
STREET ADDRESS	261 N. COCONUT LANE
CITY-ST-ZIP	MIAMI BEACH, FL 33139
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Doris Gans Doris Gans 2/23/04 (305)820-7637
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #