

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED  
May 01, 2005  
Secretary of State

DOCUMENT# N95000005885

Entity Name: GRUPO FOLKLORICO ESMERALDA, INC.

**Current Principal Place of Business:**

3371 NW 22ND ST  
COCONUT CREEK, FL 33066

**New Principal Place of Business:**

**Current Mailing Address:**

3371 NW 22ND ST  
COCONUT CREEK, FL 33066

**New Mailing Address:**

FEI Number: 65-0621049      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

WAGNER, MARIA L  
5440 N. STATE RD 7  
STE 219  
FORT LAUDERDALE, FL 33319 US

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: PD      ( ) Delete  
Name: WAGNER, MARIA L  
Address: 3371 NW 22 STREET  
City-St-Zip: COCONUT CREEK, FL 33066

Title: C      ( ) Delete  
Name: GIRALDO, GILBERTO  
Address: 3371 NW 22 STREET  
City-St-Zip: COCONUT CREEK, FL 33066

Title: TD      ( ) Delete  
Name: ORFELINA, CARDENAS  
Address: 7507 NW 3 CT  
City-St-Zip: FORT LAUDERDALE, FL 33317

Title: VPD      ( ) Delete  
Name: CORDOBA, JULIO  
Address: 4300 NW 50 STREET  
City-St-Zip: FORT LAUDERDALE, FL 33319

Title: PD      ( ) Delete  
Name: ALVAREZ, EDGAR  
Address: 7021 LEE STREET  
City-St-Zip: HOLLYWOOD, FL 33024

**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:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: MARIA L. WAGNER

P

05/01/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date