

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 05, 2003 8:00 am
Secretary of State

0077457

05-05-2003 90119 027 ****61.25

DOCUMENT # N95000005885

1. Entity Name

GRUPO FOLKLORICO ESMERALDA, INC.



Principal Place of Business

**3371 NW 22ND ST
COCONUT CREEK FL 33066**

Mailing Address

**3371 NW 22ND ST
COCONUT CREEK FL 33066**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0621049**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
PD	WAGNER, MARIA L	3371 NW 22 STREET	COCONUT CREEK FL 33066				
C	GIRALDO, GILBERTO	3371 NW 22 STREET	COCONUT CREEK FL 33066				
TD	ORFELISA, CARDENAS	7507 NW 3 CT	FORT LAUDERDALE FL 33317				
VPD	CORDOBA, JULIO	4300 NW 50 STREET	FORT LAUDERDALE FL 33319				
PD	ALVAREZ, EDGAR	7021 LEE STREET	HOLLYWOOD FL 33024				

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 other like empowered.

SIGNATURE

[Handwritten Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05/05/2003
DATE

CR2E037 (10/02)