

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 21, 2005 08:00 AM
Secretary of State

DOCUMENT # N95000005889	
1. Entity Name TEJADA FAMILY FOUNDATION, INC.	

Principal Place of Business 6880 SW 132 ST. MIAMI, FL 33156	Mailing Address 6880 SW 132 ST. MIAMI, FL 33156
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DO NOT WRITE IN THIS SPACE



01112005 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-0634239	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**TEJADA, FRANCISCO
6880 SW 132 STREET
MIAMI, FL 33156-7819**

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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 reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TEJADA, JAMES F 6880 SW 132 ST. MIAMI, FL 33156
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TEJADA, BARBARA 6880 SW 132 ST. MIAMI, FL 33156
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FRANK, ANA M 6880 SW 132 STREET MIAMI, FL 33156
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TEJADA, SEMIRAMIS 6880 SW 132 STREET MIAMI, FL 33156
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TEJADA, BARBARA L 6880 SW 132 STREET MIAMI, FL 33156
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TEJADA, FRANCISCO JR 6880 SW 132 ST MIAMI, FL 33156

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100000186776
01/21/05-80070-008 511.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Francisco Tejada* **JAN-15-2005** **(305) 251-4540**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #