

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 07, 2008 8:00 am**  
**Secretary of State**

03-07-2008 90040 038 \*\*\*\*61.25

DOCUMENT # N96000004941

1. Entity Name

ASOCIACION MENSAJEROS DE LA PAZ, INC.



Principal Place of Business

4810 ALHAMBRA CIRCLE  
MIAMI FL 33146

Mailing Address

4810 ALHAMBRA CIRCLE  
MIAMI FL 33146

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/07)

4. FEI Number

65-0751208

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LOPEZ-MUNOZ, MARIA ROSA P  
4810 ALHAMBRA CIRCLE  
MIAMI FL 33146

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**  
**Due By May 1, 2008**

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

TITLE PD  
NAME LOPEZ-MUNOZ, MARIA-ROSA P ☐ Delete  
STREET ADDRESS 4810 ALHAMBRA CIRCLE  
CITY- ST- ZIP MIAMI FL 33146

TITLE VPD  
NAME FERRO-MORALES, ELOISA ☐ Delete  
STREET ADDRESS 737 N GREENWAY DR.  
CITY- ST- ZIP MIAMI FL 33134

TITLE SD  
NAME DIAZ, MARIA CRISTINA ☐ Delete  
STREET ADDRESS 10 EDGEWATER DR, APT 6E  
CITY- ST- ZIP CORAL GABLES FL 33133

TITLE TD  
NAME FERRO-MENEDEZ, TERESITA ☐ Delete  
STREET ADDRESS 3305 ALHAMBRA CIRCLE  
CITY- ST- ZIP CORAL GABLES FL 33134

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Past-President ☐ Change ☒ Addition  
NAME Cristina Ron  
STREET ADDRESS 9 Harbor Point  
CITY- ST- ZIP Key Biscayne, Fla. 33149

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: *Maria Rosa P. Lopez-Munoz* MARIA-ROSA P. LOPEZ-MUNOZ 2/5/08 305-299-5179