


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 23, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N95000001756</b>	
1. Entity Name <b>COLOMBIAN AMERICAN BAR ASSOCIATION, INC.</b>	

Principal Place of Business <b>999 PONCE DE LEON BLVD. PENTHOUSE 1120 CORAL GABLES FL 33134 US</b>	Mailing Address <b>999 PONCE DE LEON BLVD. PENTHOUSE 1120 CORAL GABLES FL 33134 US</b>
---	---

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



MOORE CR2E037 (11/03)

6. Name and Address of Current Registered Agent  <b>SALLATO, MARIA TERESA 9990 S.W. 77TH AVE., #311 MIAMI FL 33156</b>	
--	--

4. FEI Number <b>65-0573583</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	Zip Code
<b>FL</b>	

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 \_\_\_\_\_

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2004**

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	<input type="checkbox"/> Delete
NAME	<b>D ROJAS, MARCO</b>
STREET ADDRESS	<b>520 BRICKELL KEY DRIVE, #O-305</b>
CITY- ST- ZIP	<b>MIAMI FL 33131</b>
TITLE	<input type="checkbox"/> Delete
NAME	<b>D REYNOSO, WALTER</b>
STREET ADDRESS	<b>2937 SW 27TH AVENUE, #107</b>
CITY- ST- ZIP	<b>COCONUT GROVE FL 33133</b>
TITLE	<input type="checkbox"/> Delete
NAME	<b>DT SALLATO, MARIA T</b>
STREET ADDRESS	<b>9990 SW 77 AVE #311</b>
CITY- ST- ZIP	<b>MIAMI FL 33156</b>
TITLE	<input type="checkbox"/> Delete
NAME	<b>DS WOODBRIDGE, FREDERICK JR</b>
STREET ADDRESS	<b>7700 N KENDALL DRIVE, #809</b>
CITY- ST- ZIP	<b>MIAMI FL 33156</b>
TITLE	<input type="checkbox"/> Delete
NAME	<b>PD VILAR, PATRICK</b>
STREET ADDRESS	<b>999 PONCE DE LEON BLVD., PH 1120</b>
CITY- ST- ZIP	<b>CORAL GABLES FL 33134</b>
TITLE	<input type="checkbox"/> Delete
NAME	<b>VP VELEZ-FELFLE, SANDRA</b>
STREET ADDRESS	<b>2565 S.W. 27TH AVE, STE A</b>
CITY- ST- ZIP	<b>MIAMI FL 33133</b>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>U000000063848</b>
STREET ADDRESS	<b>02/23/04-80177-025 61.25</b>
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/15/04 (205) 598-9600**