2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2005
Secretary of State

DOCUMENT# N04000008426

Entity Name: JUNTOS FOUNDATION, INC.

Current Principal Place of Business:

6500 SW 98 STREET
MIAMI, FL 33156

New Principal Place of Business:

Current Mailing Address:

6500 SW 98 STREET
MIAMI, FL 33156

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MENDEZ, MICHAEL R
6500 SW 98 STREET
MIAMI, FL 33156 US

Name and Address of New Registered Agent:

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: P ( ) Delete
Name: DE LA RUA, JUAN P
Address: 55 OCEAN LANE DRIVE APT. 4035
City-St-Zip: KEY BISCAYNE, FL 33149

Title: VP ( ) Delete
Name: SUQUET, MARIA
Address: 5080 SW 65 AVE
City-St-Zip: MIAMI, FL 33155

Title: VP ( ) Delete
Name: DE LA RUA, SILVIA
Address: 55 OCEAN LANE DRIVE APT. 4035
City-St-Zip: KEY BISCAYNE, FL 33149

Title: DIR. ( ) Delete
Name: LOPEZ, JAVIER A
Address: 9900 SX 142 STREET
City-St-Zip: MIAMI, FL 33176

Title: DIR. ( ) Delete
Name: MENDEZ, MICHAEL R
Address: 6500 SW 98 STREET
City-St-Zip: MIAMI, FL 33156

Title: DIR. ( ) Delete
Name: NICOLAS, JOSE
Address: 1508 BAY ROAD #1409
City-St-Zip: MIAMI BEACH, FL 33139

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change ( ) Addition
Name: MENDEZ, MARIA
Address: 5080 SW 65 AVE
City-St-Zip: MIAMI, FL 33155

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: MICHAEL MENDEZ DIR 01/24/2005
Electronic Signature of Signing Officer or Director — Date