

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000008244

FILED
May 03, 2005
Secretary of State

Entity Name: SOLIDARIDAD SIN FRONTERAS, INC

Current Principal Place of Business:

3870 SW 99 AVE STE 12
MIAMI, FL 33165

New Principal Place of Business:

3870 SW 99 AVE
12
MIAMI, FL 33165 US

Current Mailing Address:

3870 SW 99 AVE STE 12
MIAMI, FL 33165

New Mailing Address:

3870 SW 99 AVE
12
MIAMI, FL 33165 US

FEI Number: 20-1536087 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

ALFONSO, JULIO CESAR
3870 SW 99 AVE STE 12
MIAMI, FL 33165 US

Name and Address of New Registered Agent:

ALFONSO, JULIO CESAR DR.
3870 SW 99 AVE
12
MIAMI, FL 33165 US

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: JULIO CESAR ALFONSO

05/03/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: ALFONSO, JULIO CESAR
Address: 3870 SW 99 AVE STE 12
City-St-Zip: MIAMI, FL 33165

Title: DV () Delete
Name: MELGAR, ALFREDO
Address: 3870 SW 99 AVE STE 12
City-St-Zip: MIAMI, FL 33165

Title: DT () Delete
Name: RODRIGUEZ, LUIS A
Address: 3870 SW 99 AVE STE 12
City-St-Zip: MIAMI, FL 33165

Title: D () Delete
Name: CUBILLAS, LUIS F
Address: 3870 SW 99 AVE STE 12
City-St-Zip: MIAMI, FL 33165

Title: D (X) Delete
Name: CUBILLAS, JULIO CESAR
Address: 3870 SW 99 AVE STE 12
City-St-Zip: MIAMI, FL 33165

Title: D (X) Delete
Name: SANCHEZ, OTTO
Address: 3870 SW 99 AVE STE 12
City-St-Zip: MIAMI, FL 33165

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: ALFONSO, JULIO CESAR DR.
Address: 3870 SW 99 AVE STE 12
City-St-Zip: MIAMI, FL 33165 US

Title: DV (X) Change () Addition
Name: MELGAR, ALFREDO DR.
Address: 3870 SW 99 AVE STE 12
City-St-Zip: MIAMI, FL 33165 US

Title: DT (X) Change () Addition
Name: RODRIGUEZ, LUIS A LIC.
Address: 3870 SW 99 AVE STE 12
City-St-Zip: MIAMI, FL 33165 US

Title: DS (X) Change () Addition
Name: TORREJON, ARIANNA CNA
Address: 3870 SW 99 AVE STE 12
City-St-Zip: MIAMI, FL 33165 US

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: JULIO CESAR ALFONSO

DP

05/03/2005

Electronic Signature of Signing Officer or Director

Date