

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 21, 2005 8:00 am
Secretary of State

06-21-2005 90002 008 ****61.25

DOCUMENT # 751499

1. Entity Name
**ASOCIACION DE CABALLEROS CATOLICOS
DIRECTORIO GENERAL INC.**



Principal Place of Business
**1651 WEST 37 STREET
SUITE 410
HIALEAH, FL 33012**

Mailing Address
**1651 WEST 37 STREET
SUITE 410
HIALEAH, FL 33012**

DO NOT WRITE IN THIS SPACE



06142005 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-2152897

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**GUILLEN, GUILLERMO
7303 SW 122 PLACE
MIAMI, FL 33183**

**DO NOT WRITE
IN THIS SPACE**

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 _____

**Filing Fee is \$61.25
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
GUILLERMO, GUILLEN
7303 SW 122 PLACE
MIAMI, FL 33183**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
PINON, JOAQUIN
9311 NW 12TH TERR
HIALEAH, FL 33018**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
VIVO, JOSE
55 WEST 44 STREET
HIALEAH, FL 33012**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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)

Date

Daytime Phone #