2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 27, 2006 08:00 AM
Secretary of State

DOCUMENT # N48676

1. Entity Name
ASOCIACION DE VECINOS DE CATALINA Y SUS BARRIOS, INC.

Principal Place of Business	Mailing Address
13741 SW 15 ST MIAMI, FL 33184 US	13741 SW 15 ST MIAMI, FL 33184 US

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01232006 No Chg-NP CR2E037 (11/05)

4. FEI Number
65-1115532
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BAIZA, CARIDAD
13741 SW 15 ST
MIAMI, FL 33184

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2006

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	LIMA-EXPOSITA, MARIA A
STREET ADDRESS	11751 SW 15 ST
CITY-ST-ZIP	MIAMI, FL
TITLE	VP
NAME	BAIZA, CARIDAD R
STREET ADDRESS	13741 SW 15 ST
CITY-ST-ZIP	MIAMI, FL
TITLE	S
NAME	ALONSO, RAQUEL
STREET ADDRESS	3700 E 8TH ST
CITY-ST-ZIP	HIALEAH, FL
TITLE	T
NAME	RODRIGUEZ, LORENZO
STREET ADDRESS	2121 N.W. 1 TERRACE
CITY-ST-ZIP	MIAMI, FL
TITLE	TD
NAME	GONZALEZ, FELIX
STREET ADDRESS	4024 NW 5 ST
CITY-ST-ZIP	MIAMI, FL
TITLE	D
NAME	OLIVA, ALICIA
STREET ADDRESS	660 E 10 PL
CITY-ST-ZIP	HIALEAH, FL

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02/06/06-80019-003 61.25

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12. *I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 A. Lima President 1/23/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 305-274-4416