2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2006 08:00 AM
Secretary of State

DOCUMENT # N97000001507

1. Entity Name
SISTERS AND BROTHERS FOREVER, INC.

Principal Place of Business	Mailing Address
1925 SW 8 ST MIAMI, FL 33135 US	1925 SW 8 ST MIAMI, FL 33135 US

01262006 No Chg-NP CR2E037 (11/05)

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4. FEI Number
65-0750853
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

VILLALBA, JORGE S
6415 SOUTH WEST 133 COURT
MIAMI, FL 33183

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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 Jorge S Villalba Executive Director DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent 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	DP
NAME	VILLALBA, JORGE S
STREET ADDRESS	6415 SOUTH WEST 133 COURT
CITY-ST-ZIP	MIAMI, FL 33183
TITLE	DV
NAME	TRUEBA, CARMINA
STREET ADDRESS	1545 TRILLO AVE.
CITY-ST-ZIP	CORAL GABLE, FL
TITLE	DT
NAME	SEGUROLA, ALFREDO
STREET ADDRESS	12425 SW 14TH STREET
CITY-ST-ZIP	MIAMI, FL
TITLE	DVP
NAME	PEREZ, NICOLAS
STREET ADDRESS	2454 SW 8 STREET
CITY-ST-ZIP	MIAMI, FL 33135
TITLE	DT
NAME	CASAS, RAUL R
STREET ADDRESS	2046 SOUTH WEST 103 COURT
CITY-ST-ZIP	MIAMI, FL 33165
TITLE	DC
NAME	MESTRE, RAMON
STREET ADDRESS	2250 SW 131 PLACE
CITY-ST-ZIP	MIAMI, FL 33182

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02/09/06-80019-002 70.00

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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: _____ 1-26/2006 305 631 0700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #