

2003 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 27, 2006 8:00 am
Secretary of State

03-27-2006 90252 033 ****61.25

DOCUMENT # 722645

1. Entity Name

**CASA DE LOS DE SANTA MARTA DE ORTIGUEIRA EN
MIAMI, INC.**



Principal Place of Business

Mailing Address

**1815 NW NORTH RIVER DR.
MIAMI FL 33125**

**1815 NW NORTH RIVER DR.
MIAMI FL 33125**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

51-0204107

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

1st MOORE

CR2E037 (10/05)

6. Name and Address of Current Registered Agent

**CASTILLO, OSVALDO
10364 SW 8 TERR
MIAMI FL 33174**

7. Name and Address of New Registered Agent

Name **LAVIN, FRANCISCO**

Street Address (P.O. Box Number is Not Acceptable)

3210 S.W. 94 Ave.

City **MIAMI**

FL

Zip Code **33165**

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.

FRANCISCO LAVIN

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

March 15-2006

**FILE NOW: FEE IS \$61.25
Due By May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **SD** ☐ Delete
NAME **FERNANDES, MARIA**
STREET ADDRESS **2025 SW 18 STREET**
CITY-ST-ZIP **MIAMI FL 33145**

TITLE **TD** ☐ Delete
NAME **LAVIN, FRANCISCO**
STREET ADDRESS **3210 SW 94 AVE.**
CITY-ST-ZIP **MIAMI FL 33165**

TITLE **PD** ☐ Delete
NAME **CASTILLO, OSVALDO**
STREET ADDRESS **10864 SW 8 TERR**
CITY-ST-ZIP **MIAMI FL 33174**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **PRESIDENT** ☒ Change ☐ Addition
NAME **LAVIN, FRANCISCO**
STREET ADDRESS **3210 SW 94 AVE**
CITY-ST-ZIP **MIAMI, FL 33165**

TITLE **TREASURER** ☒ Change ☐ Addition
NAME **CASTILLO, OSVALDO**
STREET ADDRESS **10864 SW 8 TERR**
CITY-ST-ZIP **MIAMI, FL 33174**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

FRANCISCO LAVIN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-15-06

305 552 5989

Date

Daytime Phone #