

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2007 8:00 am
Secretary of State

03-21-2007 90030 004 ****61.25

DOCUMENT # 700021

1. Entity Name
**MIAMI MONTHLY MEETING OF FRIENDS,
INCORPORATED**



Principal Place of Business
**4900 S W 118 AVE
MIAMI, FL 33165**

Mailing Address
**8327 N.W. 8 STREET
#B-4
MIAMI, FL 33126 US**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03182007 Chg-NP CR2E037 (12/06)

4. FEI Number

59-2173379

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**BORREGO, JOSE
8327 N.W. 8 STREET, B-4
MIAMI, FL 33126**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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 May 1, 2007**

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	P	<input type="checkbox"/> Delete
NAME	BORREGO, JOSE A	
STREET ADDRESS	8327 N.W. 8 STREET, B-4	
CITY-ST-ZIP	MIAMI, FL 33126	
TITLE	S	<input type="checkbox"/> Delete
NAME	CONCEPCION, PEDRO P	
STREET ADDRESS	3472 W 14 AVE	
CITY-ST-ZIP	HIALEAH, FL 33012	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	MORELL-MANDULEY, ILMA	
STREET ADDRESS	9371 FOUNTAINEBLEAU BLVD.	
CITY-ST-ZIP	MIAMI, FL 33172	
TITLE	D	<input type="checkbox"/> Delete
NAME	GUIROLA, LUIS	
STREET ADDRESS	13242 S.W. 138 TERRACE	
CITY-ST-ZIP	MIAMI, FL 33186	
TITLE	D	<input type="checkbox"/> Delete
NAME	BATISTA, ALEXIS	
STREET ADDRESS	5754 CORAL WAY	
CITY-ST-ZIP	MIAMI, FL 33155	
TITLE	D	<input type="checkbox"/> Delete
NAME	CATALA, ELISA	
STREET ADDRESS	630 E. 32 STREET	
CITY-ST-ZIP	HIALEAH, FL 33013	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BORREGO, MARIA E	
STREET ADDRESS	8327 NW 8 ST, B-4	
CITY-ST-ZIP	MIAMI, FL 33126	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOSE A. BORREGO

3/18/07 786-252-5122

Date

Daytime Phone #