


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 23, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 722649</b>	
1. Entity Name PRO-ARTE GRATELI, INC.	

Principal Place of Business	Mailing Address
1059 SW 27 AVE MIAMI, FL 33135	1059 SW 27 AVE MIAMI, FL 33135

**DO NOT WRITE IN THIS SPACE**



01152005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-1405398	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

DE LA ROSA, PILI  
642 NW 136 AVE  
MIAMI, FL 33182

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

<b>Filing Fee is \$61.25 Due by May 1, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD DE LA ROSA, PILI 642 NW 136 AVE MIAMI, FL 33182
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD PEREZ, MARTA 3551 SW 9TH TERRACE #511 MIAMI, FL 33135
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD MENENDEZ, ANA M 642 NW 136 AVE MIAMI, FL 33182
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TS PEREZ RUDISILLI, MARIA 642 NW 136 AVE MIAMI, FL 33182
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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1100000273753  
03/23/05-80040-019 61.25

**DO NOT WRITE  
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: Pili de la Rosa PILI DE LA ROSA - 305-6421835  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #