


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 08, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # 723621			
1. Entity Name SOCIEDAD INTERNACIONAL DE RADIO AFICIONADOS, INC.			
Principal Place of Business P O BOX 22442 HIALEAH FL 33002 US		Mailing Address P O BOX 22442 HIALEAH FL 33002 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	



1st MOORE CR2E037 (10/06)

4. FEI Number <b>59-2346161</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
ESTEVEZ, RAFAEL M. 5835 W 14 COURT HIALEAH FL 33012				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City			<b>FL</b>

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Florida Department of State</b>
--	--	------------------------------------	--

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	DP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add				
NAME	ESTEVEZ, RAFAEL M.	NAME	U00000628735				
STREET ADDRESS	5835 W 14 COURT	STREET ADDRESS	02/16/07-80029-001 61.25				
CITY-ST-ZIP	HIALEAH FL 33012	CITY-ST-ZIP					
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add				
NAME	JAIME, MARY B	NAME					
STREET ADDRESS	141 NE 20TH ST	STREET ADDRESS					
CITY-ST-ZIP	MIAMI FL	CITY-ST-ZIP					
TITLE	SD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add				
NAME	JAIME, SEBASTIAN E.	NAME					
STREET ADDRESS	137 NE 20TH ST.	STREET ADDRESS					
CITY-ST-ZIP	MIAMI FL	CITY-ST-ZIP					
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add				
NAME	ESTEVEZ, MARTA	NAME					
STREET ADDRESS	5835 W 14 COURT	STREET ADDRESS					
CITY-ST-ZIP	HIALEAH FL 33012	CITY-ST-ZIP					
TITLE	TD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add				
NAME	ESTEVEZ, MARTA	NAME					
STREET ADDRESS	5835 W 14 COURT	STREET ADDRESS					
CITY-ST-ZIP	HIALEAH FL 33012	CITY-ST-ZIP					
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add				
NAME	COUTIN, MARIA	NAME					
STREET ADDRESS	6045 NW 3RD STREET	STREET ADDRESS					
CITY-ST-ZIP	MIAMI FL	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:  RAFAEL M. ESTEVEZ 02/06/07 (905) 874-1688