


**NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Aug 15, 2005 8:00 am**  
**Secretary of State**

08-15-2005 90078 025 \*\*\*\*61.25

DOCUMENT # 7 28004  
1. Entity Name  
Fogler 39 Association, Inc.



**DO NOT WRITE IN THIS SPACE**

**50061476**

2. Principal Place of Business <u>3911 W FLAGLER ST</u> Suite, Apt. #, etc. <u>APT 6 C</u> City & State <u>MIAMI FL</u> Zip <u>33134</u> Country <u>USA</u>		3. Mailing Address <u>SAME</u> Suite, Apt. #, etc. <u>SAME</u> City & State <u>—</u> Zip <u>—</u> Country <u>—</u>	
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4. FEI Number	Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

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7. Name and Address of Current 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 Raulhino DATE 8/10/05  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FEE IS \$61.25 Initial or Amended UBR	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS			
TITLE	NAME	TITLE	NAME
PRESIDENT	ANGEL PEDRAJA 3907 W FLAGLER ST MIAMI FL 33134		
TESORERO	RAUL GRAU 3911 W FLAGLER ST APT 6-C MIAMI FL 33134		
SECRETARIO	GUSTABO ESCALONIA 3905 W FLAGLER ST APT 4A MIAMI FL 33134		

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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 on an attachment with an address, with all other like empowered.

SIGNATURE: Raulhino DATE 8/10/05 (305) 6491404  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037B (12/02)