## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

Mailing Address

P.O. BOX 720095

ORLANDO, FL 32872 0065

ASOCIACION BORINQUENA DE FLORIDA CENTRAL INC.

**DOCUMENT #740742** 

Principal Place of Business

.1500 S. SEMORAN BLVD.

ORLANDO: FL 32807

## FILED Apr 26, 2004 8:00 am Secretary of State 04-26-2004 90485 023 \*\*\*\*70.00

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4192004	Chg-NP	CR2E037 (10/03)	
FEI Number			Applied For

2. Principal Place of Business 3. Mailing Address Suite, Apt, #, etc. Suite, Apt. #, etc. 677065 865 10, Bo× City & State Orlando Orlan F 59-1879638 Not Applicable Ζίρ Country Country \$8.75 Additional 5. Certificate of Status Desired rang 32817 .86 Fee Required range 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GOMEZ, LUIS F 1500 S SEMORAN BLVD Street Address (P.O. Box Number is Not Acceptable) ORLANDO, FL 32807 City 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) filing Fee is \$81.25 9. Election Campaign Financing \$5.00 May Be Make check payable to Trust Fund Contribution. Florida Department of State Due by May 1, 2004 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE Delete TITLE Ubinas, Carlos, President Change NAME RAMOS, MARGARITA NAME 5632 Millaret Court 7776 RAVANA DR. STREET ADDRESS STREET ADDRESS ORLANDO, FL 32822 CITY-ST-ZIP CITY-ST-ZIP Orleydo, Fl. 32821 Change TITLE VPD ☐ Addition Delete TITLE Amilcar Martinez **UBINAS, CARLOS** NAME NAME 5632 MIMARET COURT STREET ADDRESS STREET ADDRESS 8602 Savoy Dr CITY-ST-ZIF ORLANDO, FL 32821 CITY-ST-78 Orbudo, Fl 32825 TITLE ☐ Delete TITLE Addition Treasurer Change MARTINEZ, AMILCAR T Martinee Angel MARKE NAMÉ STREET ADDRESS 8602 SAVORY DR. STREET ADDRESS 10428 Stone Glen Dr. CITY-ST-ZIP ORLANDO, FL 32825 CITY-ST-ZIP Orlando, Fl 32825-TiTLE □ Delete TITLE ■ Addition Figueroan Helen - Director Change FIGUERDA, HELEN NAME 1002 long Branch Ln. 1002 LONG BRANCH LN. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP OVIEDO, FL 32765 CITY-ST-ZIP Oviedo, F/ 32765 TITLE n Delete TITLE Secretary . Change Addition NAME GOMEZ, HAYDEE R NAME Gonzalez, EVY 9233 PALOS VERDE DR STREET ADDRESS STREET ADDRESS 391 Lake Park Trail CITY-ST-ZIP ORLANDO, FL 32825 CITY-ST-ZIP Oviedo, F1. 32765 TITLE TITLE Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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:

SIGNATURE OR DIRECTOR 04

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