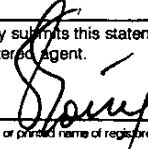


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2005 8:00 am
Secretary of State

04-11-2005 90170 006 ****61.25

DOCUMENT # 740742 1. Entity Name ASOCIACION BORINQUENA DE FLORIDA CENTRAL INC.			
Principal Place of Business 1865 ECANLOCK HATCHEE TR. ORLANDO, FL 32817		Mailing Address PO BOX 677065 ORLANDO, FL 32867	
2. Principal Place of Business 1865 N Econlockhatchee		3. Mailing Address PO Box 677065	
Suite, Apt. #, etc. Trail		Suite, Apt. #, etc.	
City & State Orlando, FL 32817		City & State Orlando, FL	
Zip 32817		Zip 32867-7065	
Country Orange		Country Orange	
4. FEI Number 59-1879638		☐ Applied For ☒ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GOMEZ, LUIS F 1500 S SEMORAN BLVD ORLANDO, FL 32807		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: 		DATE: 3/05/05	
Filing Fee is \$61.25 Due by May 1, 2005		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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE P NAME UBINAS, CARLOS ☒ Delete	STREET ADDRESS 5632 N MARET CT. ORLANDO, FL 32821	TITLE President ☒ Change ☐ Addition	NAME Amilcat Martinez
CITY-ST-ZIP ORLANDO, FL 32821	TITLE VPD ☒ Delete	STREET ADDRESS 8227 Newbery Sound Lane Orlando, FL 32829	CITY-ST-ZIP Orlando, FL 32829
TITLE MARTINEZ, AMILCAR ☒ Delete	STREET ADDRESS 8602 SAVEY DR. ORLANDO, FL 32825	TITLE VPD ☒ Change ☐ Addition	NAME Angel Martinez
CITY-ST-ZIP ORLANDO, FL 32825	TITLE T ☒ Delete	STREET ADDRESS 10428 Stone Glen Dr Orlando, FL 32825	CITY-ST-ZIP Orlando, FL 32825
TITLE MARTINEZ, AMILCAR T ☒ Delete	STREET ADDRESS 8602 SAVORY DR. ORLANDO, FL 32825	TITLE Secretary ☐ Change ☒ Addition	NAME Maria Del Carmen Sanchez
CITY-ST-ZIP ORLANDO, FL 32825	TITLE D ☒ Delete	STREET ADDRESS 1121 Trotwood Blvd Winter Sprigns, FL 32708	CITY-ST-ZIP Winter Sprigns, FL 32708
TITLE FIGUERDA, HELEN ☒ Delete	STREET ADDRESS 1002 LONG BRANCH LN. OVIEDO, FL 32765	TITLE Treasurer ☐ Change ☒ Addition	NAME Wilfredo Febo
CITY-ST-ZIP OVIEDO, FL 32765	TITLE S ☒ Delete	STREET ADDRESS 11103 Sunup Lane Orlando, FL 32825	CITY-ST-ZIP Orlando, FL 32825
TITLE GONZALEZ, EVY ☒ Delete	STREET ADDRESS 391 LAKE PARK TRAIL OVIEDO, FL 32765	TITLE T ☒ Delete	NAME MARTINEZ, ANGEL
CITY-ST-ZIP OVIEDO, FL 32765	STREET ADDRESS 10428 STONE GLEN DRIVE ORLANDO, FL 32825	CITY-ST-ZIP ORLANDO, FL 32825	TITLE T ☐ Change ☐ Addition
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: WILFREDO FEBO		DATE: 4/05/05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DAYTIME PHONE # 407-380-8886	