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	Mailing Address
1865 ECANLOCK HATCHEE TR. ORLANDO, FL 32817	PO BOX 677065 ORLANDO, FL 32867

04052005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
1865 N Econlockhatchee	PO Box 677065
Suite, Apt. #, etc. Trail	Suite, Apt. #, etc.
City & State Orlando, FL 32817	City & State Orlando, FL
Zip / Country 32817 / Orange	Zip / Country 32867-7065 / 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	7. Name and Address of New Registered Agent
GOMEZ, LUIS F 1500 S SEMORAN BLVD ORLANDO, FL 32807	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 _____ 3/04/05 DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P UBINAS, CARLOS 5632 N MARET CT. ORLANDO, FL 32821	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Amilcat Martinez 8227 Newbery Sound Lane ~~Orlando, FL 32829~~	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD MARTINEZ, AMILCAR 8602 SAVEY DR. ORLANDO, FL 32825	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD Angel Martinez 10428 Stone Glen Dr Orlando, FL 32825	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T MARTINEZ, AMILCAR T 8602 SAVORY DR. ORLANDO, FL 32825	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary Maria Del Carmen Sanchez 1121 Trotwood Blvd Winter Sprigns, FL 32708	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FIGUERDA, HELEN 1002 LONG BRANCH LN. OVIEDO, FL 32765	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Treasurer Wilfredo Febo 11103 Sunup Lane Orlando, FL 32825	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S GONZALEZ, EVY 391 LAKE PARK TRAIL OVIEDO, FL 32765	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T MARTINEZ, ANGEL 10428 STONE GLEN DRIVE ORLANDO, FL 32825	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ 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 4/05/05 407-380-8886
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #