

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

03-11-2005 90626 001 ****61.25
 03-11-2005 90626 002 *****8.75

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03012005 Chg-NP CR2E037 (10/03)

DOCUMENT # 742637					
1. Entity Name ALLAPATTAH COMMUNITY ACTION, INC.					
Principal Place of Business 2257 NW N. RIVER DR. MIAMI, FL 33125-2241			Mailing Address 2257 NW N. RIVER DR. MIAMI, FL 33125-2241		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-2000654	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MESA, ARDO 5077 NW 7TH ST. MIAMI, FL 33126			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		FL
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>					
Filing Fee is \$61.25 Due by May 1, 2005		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					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	CHRM	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARDO, MESA		NAME		
STREET ADDRESS	605 SW 78TH CT		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33144		CITY-ST-ZIP		
TITLE	VPT	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EGUES, RANDY		NAME		
STREET ADDRESS	11770 SW 24TH TERR		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33175		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAUSA, JOSE ENRIQUE		NAME		
STREET ADDRESS	8145 FOUNTAINBLEAU BLVD. #8		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33172		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BALBUENA, FRANCISCO M		NAME	Eduardo Tella	
STREET ADDRESS	9581 FONTAINEBLEU BLVD #203		STREET ADDRESS	11337 N.W. 15th Ct	
CITY-ST-ZIP	MIAMI, FL 33172		CITY-ST-ZIP	Pembroke Pines, FL 33026	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUTTON, DOUGLAS		NAME		
STREET ADDRESS	7853 W 36TH AVE #1C1		STREET ADDRESS		
CITY-ST-ZIP	HIALEAH, FL 33018		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FAJARDO, ALVARO		NAME		
STREET ADDRESS	10225 N.W. 56TH ST		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33178		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: <i>Ardo Mesa</i>			Date: <i>3/2/05</i>		
<small>SIGNATURE AND TYPED OR PRINTED NAMES OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date</small>		