

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90438 044 ****61.25

20042031



01122006 Chg-NP CR2E037 (11/05)

4. FEI Number 59-1938580 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

EXCEL MANAGEMENT ASSOC
275 FOUNTAINBLEAU, SUITE 200
MIAMI, FL 33172

7. Name and Address of New Registered Agent

Name Eliana Alvarez
Street Address (P.O. Box Number is Not Acceptable)
40 Excel Management
2510 NW 97 Ave Suite 200
City MIAMI FL Zip Code 33172

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

AS AGENTS FOR THE ASSOC.

4/20/06

Filing Fee Is \$61.25
Due by May 1, 2006

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

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	IRIGOYEN, SONIA	
STREET ADDRESS	10010 NW 9TH STREET CIRCLE, # 203	
CITY-ST-ZIP	MIAMI, FL 33172	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	AVILA, LUISA	
STREET ADDRESS	9990 NW 98TH STREET CIRCLE, # 104	
CITY-ST-ZIP	MIAMI, FL 33172	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	VELEZ, CARIDAD	
STREET ADDRESS	9940 NW 9TH STREET CIRCLE	
CITY-ST-ZIP	MIAMI, FL 33172	
TITLE	VTD	<input type="checkbox"/> Delete
NAME	PLESCENIA, HILDELISA	
STREET ADDRESS	10060 NW 9TH STREET CIRCLE, # 13	
CITY-ST-ZIP	MIAMI, FL 33172	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	CHALVIRE, HELENE	
STREET ADDRESS	1000 NW 9TH STREET, CIRCLE #21	
CITY-ST-ZIP	MIAMI, FL 33172	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Avila, Luisa	
STREET ADDRESS	9990 NW 9 ST. CIR #104	
CITY-ST-ZIP	MIAMI, FL 33172	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Padilla, Orlando	
STREET ADDRESS	10060 NW 9 ST. CIR #15	
CITY-ST-ZIP	MIAMI, FL 33172	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Bubba, Vanessa	
STREET ADDRESS	10000 NW 9 ST. CIR #114	
CITY-ST-ZIP		
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Rascenia, Hildelisa	
STREET ADDRESS	10060 NW 9 ST. CIR #13	
CITY-ST-ZIP	MIAMI, FL 33172	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Panda, Ada	
STREET ADDRESS	10060 NW 9 ST. CIR #8	
CITY-ST-ZIP	MIAMI, FL 33172	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/06 305-436-6655

Date

Daytime Phone #