

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2005 08:00 AM
Secretary of State

DOCUMENT # 752927	
1. Entity Name SPAIN - U.S. CHAMBER OF COMMERCE, INC.	

Principal Place of Business 1221 BRICKELL AVE 1000 MIAMI, FL 33131 US	Mailing Address 1221 BRICKELL AVE 1000 MIAMI, FL 33131 US
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DO NOT WRITE IN THIS SPACE



01062005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-2043472	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent ESTEVE, JOSE LUIS 1221 BRICKELL AVE., STE 1000 MIAMI, FL 33131	DO NOT WRITE IN THIS SPACE
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PESQUERA, CARLOS 7531 NW 52 STREET MIAMI, FL 33166
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ESTEVE, JOSE LUIS 7531 NW 52 ST. MIAMI, FL 33166
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD OLLOQUI, RAFAEL 444 BRICKELL AVE STE 250 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MARTIN, JESUS 8600 NW 53 TERRACE, SUITE 123 MIAMI, FL 33166
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LONGENECKER, ALINA 1548 BRICKELL AVE. 2ND FLOOR MIAMI, FL 33129
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this report does not qualify for the exemption stated in Section 119.07(3)(f), 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 file 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 a signature and address of the person empowered.

SIGNATURE: JOSE LUIS ESTEVE, PRESIDENT 01/19/05 305.3525788

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #