

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED  
05 JUN 13 AM 9:39  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Roberts JUN 14 2005



06082005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-2060034	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

CALVO, RENE R REV.  
14512 SW 98 TR  
MIAMI, FL 33186

**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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by September 7, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD CALVO, RENE R REV 14512 SW 98 TERR MIAMI, FL 33186
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD PARDO, MARIA EUGENIA 11715 SW 18 STREET, APT. 104 MIAMI, FL 33175
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD BETANCOURT, ARTIDES 9436 SW 143 PLACE MIAMI, FL 33186
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D COTO, ROBERTO 2235 SW 8TH STREET APT 103 MIAMI, FL 33135
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

500056214175  
06/15/05--01042--010 \*\*61.25

500056214175  
06/15/05--01042--011 \*\*8.75

**DO NOT WRITE  
IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #