


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 07, 2005 8:00 am
Secretary of State

04-07-2005 90036 050 ****61.25

| | |
|---------------------------------|---|
| DOCUMENT # 757102 |  |
| 1. Entity Name | |
| CABAIGUAN CLUB OF FLORIDA, INC. | |

| | |
|--|--|
| Principal Place of Business | Mailing Address |
| C/O MANUEL PEREZ-PADILLA 181 CRANDON BLVD #207 KEY BISCAYNE FL 33149 | C/O MANUEL PEREZ-PADILLA 181 CRANDON BLVD #207 KEY BISCAYNE FL 33149 |

| | |
|--------------------------------|---------------------|
| 2. Principal Place of Business | 3. Mailing Address |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |

| | |
|--------------|--------------|
| City & State | City & State |
| Zip | Country |

| | |
|---|--------------------------------|
|  | |
| 1st MOORE | CR2E037 (10/04) |
| 4. FEI Number | Applied For |
| 59-2089992 | Not Applicable |
| 5. Certificate of Status Desired | \$8.75 Additional Fee Required |

| | |
|--|--|
| 6. Name and Address of Current Registered Agent | |
| PEREZ-PADILLA, MANUEL 181 CRANDON BLVD APT 207 KEY BISCAYNE FL 33149 | |

| | |
|--|----------|
| 7. Name and Address of New Registered Agent | |
| Name | |
| Street Address (P.O. Box Number is Not Acceptable) | |
| City | 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 _____ DATE _____
(NOTE: Registered Agent signature required when reinstating)

| | | |
|--|--|--|
| FILE NOW: 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 | S <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | CASTELLANOS, NILDA | NAME | |
| STREET ADDRESS | 195 PENNANA DRIVE | STREET ADDRESS | |
| CITY-ST-ZIP | HIALEAH FL 33010 | CITY-ST-ZIP | |
| TITLE | VD <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | CARMONA, JORGE | NAME | |
| STREET ADDRESS | 8735 SW 52 ST | STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI FL 33165 | CITY-ST-ZIP | |
| TITLE | PD <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | CANEJA, PABLO | NAME | |
| STREET ADDRESS | 7028 W 4 LANE | STREET ADDRESS | |
| CITY-ST-ZIP | HIALEAH FL 33014 | CITY-ST-ZIP | |
| TITLE | TD <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MARTINEZ, MARIA A. | NAME | |
| STREET ADDRESS | 181 CRANDON BLVD. APT. 207 | STREET ADDRESS | |
| CITY-ST-ZIP | KEY BISCAYNE FL 33149 | CITY-ST-ZIP | |
| TITLE | VS <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | CANEJA, ISABEL | NAME | |
| STREET ADDRESS | 7028 W 4 LANE | STREET ADDRESS | |
| CITY-ST-ZIP | HIALEAH FL 33014 | CITY-ST-ZIP | |
| TITLE | VT <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | PENTON, NOEMIA | NAME | |
| STREET ADDRESS | 13290 SW 38 STREET | STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI FL 33175 | 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: *Manuel A. Mateo* **4/1/05** **305-361-8000**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #