## **NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT #** 761519

1. Entity Name



## **FILED** Jun 15, 2005 8:00 am Secretary of State

06-15-2005 90096 009 \*\*\*\*61.25

MED	LEY PLANTATION ASS	OCIATION, IN	C.					
	DO NOT WRITE	IN THIS S	PAC	E				
2. Principal P	Place of Business	3. Mailing Address			-			
819		91 NW 91 Terr						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE				
Bay 9 City & State		Bay 9 City & State		4 FELNOMAN		I Applied the		
Medley, FL. Country		Medley FL			4. FEI Number			
Zip	Country	Zip			5. Certificate of Status Desired \$8.75 Additional			
33166	us -	33166	US	<del></del>	<u> </u>		Fee Required	
				Name		ss of Current Register	ea Agent	
DO NOT WRITE				Alain Fernandez Street Address (P.O. Box Number is Not Acceptable)				
·					W 91 Terr #5			
	IN THIS SPA	ACE						
				City Med 1	ev	F	L 33166	
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 acc								
the obligat	tions of registered agent.	and parpood of directinging its	regiotei	ca omee or registe	red agent, or both, in t	nie state of Florida. Fan	riamiliai with, and accept	
SIGNATURE .	Alain Fernandez Signature, typed or printed name of registered agent ar	Pres.						
	Signature, typed or printed name of registered agent an	d little if applicable. (NOT	E: Registere	d Agent signature require	d when reinstating)	DATE		
FEE IS \$61.25 9. Election Camp initial or Amended UBR Trust Fund Cor					\$5.00 May Be Added to Fees		ck Payable to artment of State	
10.	OFFICERS AND DIRE	CIORS		<del></del>	, and the second se		ericanisti ili della compania della compania della compania della compania della compania della compania della	
TITLE	PD		TITL	E		***************************************		
NAME	Alain Fernandez		NAM	IE .			•	
STREET ADDRESS CITY-ST-ZIP	8171 N.W. 91 Terr.#5			ET ADDRESS				
TITLE	Medley, FL 33166			- ST-ZIP	··········			
NAME	VD Walter Ormazabal		TITLI	1				
STREET ADDRESS				ET ADDRESS				
CITY-ST-ZIP	Medley, FL 33166			-ST-ZIP				
TITLE	TSD			Ē				
NAME STREET ADDRESS	Malcólm D. Michelson			ET ADDRESS	معمد دار کیدا اورونید. ا			
CITY-ST-ZIP	3 8191 N.W. 91 Terr. #9			-ST-ZIP	DO	<b>NOT WR</b>	ITE	
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I nereby certify that the mformation 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 on an attachment with an address, with all other like empowered.

SIGNATURE: Malcolm D ' Michelson