


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2005 8:00 am
Secretary of State

04-19-2005 90394 050 ****70.00

DOCUMENT # F04000001336 1. Entity Name FRIENDS OF INSTITUTO LOLOIR, INC.					
Principal Place of Business 169 EAST FLAGLER STREET SUITE 1534 MIAMI, FL 33131			Mailing Address 169 EAST FLAGLER STREET SUITE 1534 MIAMI, FL 33131		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	01102005 Chg-NP CR2E037 (10/03)	
4. FEI Number 57-1193063				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
C.T. CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing 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	DCI <input type="checkbox"/> Delete		TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	PRIU, NORBERTO E OR.		NAME	Luis Ielpi	
STREET ADDRESS	1643 BRICKELL AVE, APT 3405		STREET ADDRESS	169 East Flagler St, Suite 1534	
CITY-ST-ZIP	MIAMI, FL 33129		CITY-ST-ZIP	Miami, FL 33131	
TITLE	DS <input type="checkbox"/> Delete		TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	SHEVLIN, DAVID A ESQ		NAME	Ricardo A. Wolosiuk	
STREET ADDRESS	425 LEXINGTON AVE		STREET ADDRESS	169 East Flagler Street, Suite 1534	
CITY-ST-ZIP	NEW YORK, NY 10017		CITY-ST-ZIP	Miami, FL 33131	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: NORBERTO E. PRIU <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			1-27-05 <small>Date</small>		305-858-7836 <small>Daytime Phone #</small>

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