


**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 25, 2005 8:00 am**  
**Secretary of State**

04-25-2005 90317 046 \*\*\*\*61.25

<b>DOCUMENT # N00000004780</b> 1. Entity Name CENTRO EVENCELISTICO EL FARO, INC.	
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Principal Place of Business 8040 NW 170 TERRACE HIALEAH, FL 33015	Mailing Address <b>P.O. BOX 172786</b> <b>HIALEAH, FL 33017-2786</b>
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**DO NOT WRITE IN THIS SPACE**



03282005 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-1025444	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
  
GONZALEZ, DELIA  
8040 NW 170 TERRACE  
MIAMI, FL 33015

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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 \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by May 1, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GONZALEZ, DELIA 8040 NW 170 TERR HIALEAH, FL 33015
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GARCIA, DAISY 8040 NW 170 TERR HIALEAH, FL 33015
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WOLAN, RUTH 8040 NW 170 TERR HIALEAH, FL 33015
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD GONZALEZ, ALEJANDRO 8040 NW 170 TERR HIALEAH, FL 33015
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MEZA, MARIA G 8040 NW 170 TERR HIALEAH, FL 33015
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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:** Delia Gonzalez **4/15/05 (305) 819-2562**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  
DELIA GONZALEZ, PRES.