


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**

**May 02, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT #</b> N00000005665	
<b>1. Entity Name</b> ASOCIACION BENEVOLENTE JOSE MARTI, INC.	

<b>Principal Place of Business</b> 1458 WASHINGTON AVE. MIAMI BCH, FL 33139	<b>Mailing Address</b> 1458 WASHINGTON AVE. MIAMI BCH, FL 33139
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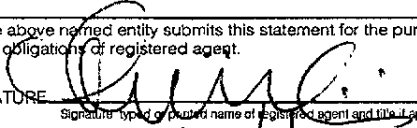
04272005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

<b>4. FEI Number</b> 56-2351156	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

<b>6. Name and Address of Current Registered Agent</b>  HERNANDEZ, LUIS 1458 WASHINGTON AVE. MIAMI BCH, FL 33139
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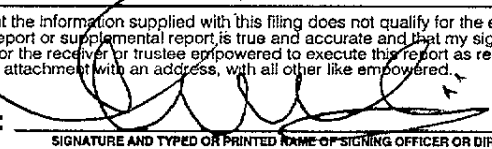
**DO NOT WRITE  
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<b>8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.</b>	
<b>SIGNATURE</b>  <small>Signature typed or printed name of registered agent and title (Applicable) (NOTE: Registered Agent signature required when re-registering)</small>	<b>DATE</b> 04-28-05

<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2005</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>U00000355396</b> <b>05/03/05 80144 024 61.25</b>
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10. OFFICERS AND DIRECTORS	
<b>TITLE</b>	PD
<b>NAME</b>	HERNANDEZ, LUIS
<b>STREET ADDRESS</b>	1458 WASHINGTON AVE.
<b>CITY-ST-ZIP</b>	MIAMI BCH, FL 33139
<b>TITLE</b>	ST
<b>NAME</b>	CALDERON, IRIS
<b>STREET ADDRESS</b>	15611 SW 109TH TERR.
<b>CITY-ST-ZIP</b>	MIAMI, FL 33196
<b>TITLE</b>	TD
<b>NAME</b>	HERNANDEZ, LUIS JR.
<b>STREET ADDRESS</b>	431 NE 29TH ST.
<b>CITY-ST-ZIP</b>	MIAMI, FL 33137
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

**DO NOT WRITE  
IN THIS SPACE**

<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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.</b>	
<b>SIGNATURE:</b>  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<b>DATE</b> 04-28-05 <small>Daytime Phone #</small>

LUIS HERNANDEZ

305-531-7319