


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90310 045 ****70.00

DOCUMENT # N00000005665 1. Entity Name ASOCIACION BENEVOLENTE JOSE MARTI, INC.		
Principal Place of Business 1458 WASHINGTON AVE. MIAMI BCH, FL 33139	Mailing Address 1458 WASHINGTON AVE. MIAMI BCH, FL 33139	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent HERNANDEZ, LUIS 1458 WASHINGTON AVE. MIAMI BCH, FL 33139		DO NOT WRITE IN THIS SPACE
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)</small>		
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD HERNANDEZ, LUIS 1458 WASHINGTON AVE. MIAMI BCH, FL 33139	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST CALDERON, IRIS 15611 SW 109TH TERR. MIAMI, FL 33196	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD HERNANDEZ, LUIS JR. 431 NE 29TH ST 1458 Washington Ave MIAMI, FL 33137 M.B. FI 33139	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		04/20/06 Date Daytime Phone #