

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

**FILED**  
**Jul 19, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # N00000007183

1. Entity Name  
PROYECTO AUXILIO, INC.



Principal Place of Business  
8125 SW 26 STREET  
MIAMI, FL 33155

Mailing Address  
8125 SW 26 STREET  
MIAMI, FL 33155



**DO NOT WRITE IN THIS SPACE**

07152005 No Chg-NP CR2E037 (10/03)

4. FEI Number  
56-2304064

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

RIVERO, JANISSET  
8125 SW 26 STREET  
MIAMI, FL 33155

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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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by September 7, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

000000373541  
07/19/05-80002-020 70.00

**10. OFFICERS AND DIRECTORS**

TITLE PD  
NAME RIVERO, JANISSET  
STREET ADDRESS 8125 SW 26 STREET  
CITY-ST-ZIP MIAMI, FL 33155

TITLE SD  
NAME CARBONELL, ANA M  
STREET ADDRESS 193 CORYDON DRIVE  
CITY-ST-ZIP MIAMI SPRINGS, FL 33166

TITLE TD  
NAME BUSTAMANTE, HUMBERTO  
STREET ADDRESS 9126 SW 28 STREET  
CITY-ST-ZIP MIAMI, FL 33156

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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)(f), 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #