2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2005 08:00 AM
Secretary of State

DOCUMENT # N00000008345

1. Entity Name
SEMBRANDO FLORES, INC.

Principal Place of Business	Mailing Address
29355 SOUTH FEDERAL HIGHWAY HOMESTEAD, FL 33034	29355 SOUTH FEDERAL HIGHWAY HOMESTEAD, FL 33030

DO NOT WRITE IN THIS SPACE

04302005 No Chg-NP CR2E037 (10/03)

4. FEI Number
65-1105494
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

RIVERA, NANCY
29355 S FEDERAL HIGHWAY
HOMESTEAD, FL 33030

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution, ☐ **$5.00** May Be Added to Fees

U00000360934
05/05/05-80052-017 70.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	MORALES, RENE
STREET ADDRESS	15997 SW 288TH STREET
CITY-ST-ZIP	HOMESTEAD, FL 33030
TITLE	V
NAME	VALDES, SISTER ILIANA OP
STREET ADDRESS	11744 SW 81 ROAD
CITY-ST-ZIP	MIAMI, FL 33156
TITLE	SDT
NAME	CARRERA, EDMUND
STREET ADDRESS	P O BOX 900174
CITY-ST-ZIP	HOMESTEAD, FL 33090
TITLE	D
NAME	JUSTINUIL, YVES
STREET ADDRESS	27667 S. FEDERAL HWY
CITY-ST-ZIP	HOMESTEAD, FL 33032
TITLE	D
NAME	HARDISON, HOLLIE
STREET ADDRESS	8790 SW 110TH STREET
CITY-ST-ZIP	MIAMI, FL 33176
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Nancy Rivera - Executive Director April28/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date

Daytime Phone # 305-247-2438