


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 04, 2005 08:00 AM
Secretary of State

| | | | | | |
|--|--|--|--|--|--|
| DOCUMENT # N01000000253 1. Entity Name ESTRELLA MORENA FUEGO FLAMENCO, INC. | | | |  | |
| Principal Place of Business 3560 SW 84 AVENUE MIAMI FL 33155-3314 | | | | Mailing Address 3560 SW 84 AVENUE MIAMI FL 33155-3314 | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | 4. FEI Number 65-1067841 | |
| 6. Name and Address of Current Registered Agent | | | | 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | |
| ZORRILLA, LOUISE 3560 SW 84TH AVENUE MIAMI FL 33155 | | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | | | |
| FILE NOW: FEE IS \$61.25 Due By May 1, 2005 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| | | Make Check Payable to Florida Department of State | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | DP ZORRILLA, LOUISE 3560 SW 84 AVENUE MIAMI FL 33155-3314 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY- ST- ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Add | | |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | TD ZORRILLA, JOSE 3560 SW 84 AVENUE MIAMI FL 33155-3314 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY- ST- ZIP | U000000361733 <input type="checkbox"/> Change <input type="checkbox"/> Add 05/05/05-80089-004 61.25 | | |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | MD CARCAS, IVETTE 3560 SW 84 AVENUE MIAMI FL 33155-3314 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY- ST- ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Add | | |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | SD PINO, ODALYS 3560 SW 84 AVENUE MIAMI FL 33155-3314 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY- ST- ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Add | | |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY- ST- ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Add | | |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY- ST- ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Add | | |
| 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 changed, or on an attachment with an address, with all other like empowered. | | | | | |
| SIGNATURE: <i>Louise Zorrilla</i> | | DP 4/28/2005 (305) 225-171 | | | |