

**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 22, 2004 8:00 am**  
**Secretary of State**

04-22-2004 90085 048 \*\*\*\*61.25

**DOCUMENT # N01000001286**

1. Entity Name  
**NUESTRA SRA. DE LA RABIDA-USA AUXILIARY  
SERVICE, INC.**



Principal Place of Business  
**7809 W. COMMERCIAL BLVD.  
TAMARAC, FL 33351**

Mailing Address  
**7809 W. COMMERCIAL BLVD.  
TAMARAC, FL 33351**

**DO NOT WRITE IN THIS SPACE**



04122004 No Chg-NP CR2E037 (10/03)

4. FEI Number  
**65-1081326**

Applied For  
Not Applicable

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

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

**ABADIE, JUAN PEDRO  
7809 W. COMMERCIAL BLVD.  
TAMARAC, FL 33351**

**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 \_\_\_\_\_

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 May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	ABADIE, JUAN PEDRO
STREET ADDRESS	5392 NW 126TH DR.
CITY - ST - ZIP	CORAL SPRINGS, FL 33076
TITLE	D
NAME	GOBER, GEORGE LEWIS
STREET ADDRESS	9426 NW 2ND ST.
CITY - ST - ZIP	CORAL SPRINGS, FL 33071
TITLE	D
NAME	MIRA, MIGUEL ANGEL
STREET ADDRESS	PRESIDENTE LUIS SAENA PENA 427, (1110)
CITY - ST - ZIP	BUENOS AIRES, ARGENTINA,
TITLE	D
NAME	ROCA, HORACIO M.V. FATHER
STREET ADDRESS	PRESIDENTE LUIS SAENA PENA 427, (1110)
CITY - ST - ZIP	BUENOS AIRES, ARGENTINA,
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE  
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)(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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #