

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 09, 2006 8:00 am**  
**Secretary of State**

01-09-2006 90029 026 \*\*\*\*61.25

40300073



01042006 Chg-NP CR2E037 (11/05)

4. FEI Number **65-1087157** Applied For ☐ Not Applicable ☐

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

## 6. Name and Address of Current Registered Agent

**MIYARES, JULIAN D MR**  
**9625 SW 24 STREET #C-107**  
**MIAMI, FL 33165-8045**

## 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 \_\_\_\_\_  
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, 2006**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$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 **DS** ☐ Delete  
NAME **MIYARES, JULIAN D**  
STREET ADDRESS **9625 SW 24 STREET #107**  
CITY-ST-ZIP **MIAMI, FL 331658045**

TITLE \_\_\_\_\_ ☐ Change ☐ Addition  
NAME \_\_\_\_\_  
STREET ADDRESS \_\_\_\_\_  
CITY-ST-ZIP \_\_\_\_\_

TITLE **DP** ☐ Delete  
NAME **GONZALEZ, JACINTO**  
STREET ADDRESS **6735 S.W. 16 STREET**  
CITY-ST-ZIP **MIAMI, FL 33155**

TITLE \_\_\_\_\_ ☐ Change ☐ Addition  
NAME \_\_\_\_\_  
STREET ADDRESS \_\_\_\_\_  
CITY-ST-ZIP \_\_\_\_\_

TITLE **DVP** ☐ Delete  
NAME **TORRENS, MARIA J**  
STREET ADDRESS **1776 JAMES AVENUE #15 D**  
CITY-ST-ZIP **MIAMI BEACH, FL 33139**

TITLE \_\_\_\_\_ ☐ Change ☐ Addition  
NAME \_\_\_\_\_  
STREET ADDRESS \_\_\_\_\_  
CITY-ST-ZIP \_\_\_\_\_

TITLE **DVS** ☒ Delete  
NAME **GAJATE, ENEIDA**  
STREET ADDRESS **750 N.W. 32 PL**  
CITY-ST-ZIP **MIAMI, FL 33125**

TITLE \_\_\_\_\_ ☐ Change ☐ Addition  
NAME \_\_\_\_\_  
STREET ADDRESS \_\_\_\_\_  
CITY-ST-ZIP \_\_\_\_\_

TITLE **DVT** ☐ Delete  
NAME **BLANCO, VICTOR**  
STREET ADDRESS **9223 S.W. 39 ST.**  
CITY-ST-ZIP **MIAMI, FL 33165**

TITLE \_\_\_\_\_ ☐ Change ☐ Addition  
NAME \_\_\_\_\_  
STREET ADDRESS \_\_\_\_\_  
CITY-ST-ZIP \_\_\_\_\_

TITLE **DT** ☐ Delete  
NAME **PAYRET, ELIA H**  
STREET ADDRESS **9682 FOUNTAINBLEAU BLVD. #204**  
CITY-ST-ZIP **MIAMI, FL 33172**

TITLE \_\_\_\_\_ ☐ Change ☐ Addition  
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:** *Julian Dario Miyares* **JULIAN DARIO MIYARES** **JANUARY 5th 2006** **305-229-1062**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #