


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2006 8:00 am
Secretary of State

04-14-2006 90126 026 ****61.25

DOCUMENT # N01000001939 1. Entity Name PUERTO RICAN CULTURAL SOCIETY OF PALM BEACH COUNTY, INC.					
Principal Place of Business 4726 EMPIRE WAY LAKE WORTH, FL 33463				Mailing Address P O BOX 17665 WEST PALM BEACH, FL 33416	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
LLUVERA, AMERICA R 4726 EMPIRE WAY LAKE WORTH, FL 33463				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____					
Filing Fee is \$61.25 Due by May 1, 2006		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	P LLUVERA, AMERICA R 4726 EMPIRE WAY LAKE WORTH, FL 33463	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SANTOS, ARROYOS 16735 88TH RD N LOXAHATCHEE, FL 33470	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2VP TORRES, FELIX A 621 WATERWAY VILLAGE CT WEST PALM BEACH, FL 33413	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S AGOSTINI, TONA 111 CLEVELAND ST, #A-11 LAKE WORTH, FL 33461	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V VIDAL, ESTHER P.O. BOX 20674 WEST PALM BEACH, FL 33416	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LOPEZ, LUIS E 108 WELLINGTON PL WEST PALM BEACH, FL 33417	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP TORRES, FELIX 621 WATERWAY VILLAGE CT. WEST PALM BEACH, FL 33413				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2VP AGOSTINI, EDDIE 9790 SANAY RUN RD. JUPITER, FL 33478				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VOLAL ANA NORIE 3032 LUCERNE PARK DR. GREENACRES, FL 33467				
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: <u>América R. Lluvera</u> AMERICA R. LLUVERA <div style="display: flex; justify-content: space-between;"> PRES 4-12-06 561-644-3846 </div>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					