


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 25, 2005 08:00 A**  
**Secretary of State**

DOCUMENT # N01000004683	
1. Entity Name MOVIMIENTO ALBERTO DEL BUSTO, INC.	

Principal Place of Business 493 E 30 ST #1 HIALEAH, FL 33013	Mailing Address 493 E 30 ST #1 HIALEAH, FL 33013
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04232005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 01-0594157	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  INVIERNO, EMETERIO C 493 E 30 ST #1 HIALEAH, FL 33013
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<b>DO NOT WRITE IN THIS SPACE</b>
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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: <i>Emeterio C. Invierno</i>	<i>Director</i>	DATE: <i>4/23/05</i>
<small>Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>		

Filing 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	U000000330898 04/25/05-80177-007 70.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D RAMOS, LUIS 6811 SW 22 ST MIAMI, FL 33155
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PINON, ORFILIO 2151 SW 31 ST MIAMI, FL 33145
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D INVIERNO, EMETERIO C 493 E 30 ST #1 HIALEAH, FL 33013
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)(l), 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: <i>Emeterio C. Invierno</i>	<i>Director</i>	DATE: <i>4/23/05</i> DAYTIME PHONE: <i>305 6949407</i>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		