

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90293 043 ****70.00

14011458



04262005 Chg-NP CR2E037 (10/03)

4. FEI Number
33-1002946

Applied For
Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GARCIA, RAFAEL
500 NW 109 AVE. #1
MIAMI, FL 33172

7. Name and Address of New Registered Agent

Name **RAFAEL E. GARCIA**
Street Address (P.O. Box Number is Not Acceptable)
205 NW 58th Ct.
City **Miami** FL Zip Code **33126**

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]

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

04/28/05

**Filing Fee is \$61.25
Due by May 1, 2005**

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	GARCIA, RAFAEL	
STREET ADDRESS	500 NW 109 AVE. #1	
CITY-ST-ZIP	MIAMI, FL 33172	
TITLE	VD	<input type="checkbox"/> Delete
NAME	QUINTERO, DAVID	
STREET ADDRESS	15985 SW 140TH ST	
CITY-ST-ZIP	MIAMI, FL	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	SICILIA, MARIA M	
STREET ADDRESS	2700 SW 23 TERRACE APT. 308	
CITY-ST-ZIP	MIAMI, FL 33145	
TITLE	SD	<input type="checkbox"/> Delete
NAME	SOSA, ANGEL	
STREET ADDRESS	2930 SW 96TH AVE	
CITY-ST-ZIP	MIAMI, FL 33165	
TITLE	T	<input type="checkbox"/> Delete
NAME	ALONSO RIVERO, JOSE	
STREET ADDRESS	4225 61ST AVE E	
CITY-ST-ZIP	VERO BEACH, FL 32967	
TITLE	S	<input type="checkbox"/> Delete
NAME	GARCIA, PAMELA	
STREET ADDRESS	205 NW 58TH COURT	
CITY-ST-ZIP	MIAMI, FL 33126	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/28/05

Date

Daytime Phone #