

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 22, 2005 08:00 AM
Secretary of State

DOCUMENT # N01000006368

1. Entity Name
FUNDACION DE ENCUENTRO FAMILIAR, INC.



Principal Place of Business
**18601 NE 14TH AVE #401
NORTH MIAMI BEACH, FL 33179**

Mailing Address
**18601 NE 14TH AVE #401
NORTH MIAMI BEACH, FL 33179**



04192005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**PENA, ANA I
18601 NE 14TH AVE #401
NORTH MIAMI BEACH, FL 33179**

**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, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	PENA, ANA I
STREET ADDRESS	18601 NE 14TH AVE #401
CITY - ST - ZIP	NORTH MIAMI BEACH, FL 33179
TITLE	D
NAME	GOMEZ, MARIA I
STREET ADDRESS	5880 COLLINS AVE #702
CITY - ST - ZIP	MIAMI BEACH, FL 33140
TITLE	D
NAME	MIRANDA, YOLIMA CUETO
STREET ADDRESS	17396 NW 76TH CT.
CITY - ST - ZIP	MIAMI, FL 33015
TITLE	D
NAME	TORRES, PEDRO H
STREET ADDRESS	347 SW 4TH AVE
CITY - ST - ZIP	DANIA, FL 33004
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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04/22/05-80095-008 61.25

**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)(f), 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:

Ana Isabel Pena
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/15/05 (305) 944-2296
Date Daytime Phone #