


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**

**Apr 24, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N01000006368</b>	
1. Entity Name <b>FUNDACION DE ENCUENTRO FAMILIAR, INC.</b>	

Principal Place of Business <b>3801 S. OCEAN DR N1U HOLLYWOOD, FL 33019</b>	Mailing Address <b>3801 S. OCEAN DR N1U HOLLYWOOD, FL 33019</b>
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**DO NOT WRITE IN THIS SPACE**



04192008 No Chg-NP CR2E037 (4/06)

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

6. Name and Address of Current Registered Agent

**PENA, ANA I  
3801 S. OCEAN DR N1U  
HOLLYWOOD, FL 33019**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by May 1, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PENA, ANA I 3801 S. OCEAN DR N1U HOLLYWOOD, FL 33019
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOMEZ, MARIA I 5880 COLLINS AVE #702 MIAMI BEACH, FL 33140
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MIRANDA, YOLIMA CUETO 17396 NW 76TH CT. MIAMI, FL 33015
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TORRES, PEDRO H 347 SW 4TH AVE DANIA, FL 33004
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RIGUAL, IRENE 18253 BLUE LAKE WAY BOCA RATON, FL 33498
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

U0000009320408  
05/14/08-80043-003 61.25

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:** *ana i pena* **04/18/08 (954) 456-3016**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #