2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2004 08:00 AM
Secretary of State

DOCUMENT # N01000006464

1. Entity Name
FUNDACION SANCRISTOBALENSE DE LA FLORIDA, INC.

Principal Place of Business	Mailing Address
2430 NW 36TH STREET MIAMI, FL 33142	2430 NW 36TH STREET MIAMI, FL 33142

04302004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1139435
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

FRIAS, LUIS
2430 NW 36TH STREET
MIAMI, FL 33142

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2004

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	FRIAS, LUIS
STREET ADDRESS	875 NE 126 ST
CITY-ST-ZIP	MIAMI, FL 33161
TITLE	VP
NAME	RIVERA, RAFAEL
STREET ADDRESS	9832 SW 1 TERR
CITY-ST-ZIP	MIAMI, FL 33016
TITLE	T
NAME	PEREZ, MARGARITA
STREET ADDRESS	1885 W FLAGLER ST
CITY-ST-ZIP	MIAMI, FL 33125
TITLE	S
NAME	SEPULVEDA, VICTOR
STREET ADDRESS	200 NOTTINGHAM CIRCLE
CITY-ST-ZIP	GREENACRES, FL 33463
TITLE	D
NAME	DUVERGE, AMILCAR
STREET ADDRESS	910 SW 141 AVE
CITY-ST-ZIP	MIAMI, FL 33184
TITLE	D
NAME	PERALTA, CIBELIS
STREET ADDRESS	9730 SW 2ND ST
CITY-ST-ZIP	MIAMI, FL 33174

100000157237
05/05/04-80018-008 61.25

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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)(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: Margarita Perez 04-30-04 305-638-5416
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #