

**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jun 09, 2004 8:00 am**  
**Secretary of State**

06-09-2004 90003 023 \*\*\*\*70.00

**DOCUMENT # N01000007879**

**1. Entity Name**  
**DESFILE PUERTORIQUENO DE FLORIDA, INC.**



**Principal Place of Business**  
**1232 SOPHIE BLVD**  
**ORLANDO, FL 32828**

**Mailing Address**  
**P O BOX 5372**  
**WINTER PARK, FL 32793**

44040400



03122003 No Chg-NP

CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

**4. FEI Number**  
**59-3756745**

**Applied For**  
**Not Applicable**

**5. Certificate of Status Desired** ☐

**\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**ZAPATA, MILDRED**  
**1232 SOPHIE BLVD**  
**ORLANDO, FL 32828**

**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 September 8, 2004**

**9. Election Campaign Financing**  
**Trust Fund Contribution.** ☐

**\$5.00 May Be**  
**Added to Fees**

**10. OFFICERS AND DIRECTORS**

**TITLE** D  
**NAME** ZAPATA, MILDRED  
**STREET ADDRESS** PO BOX 5372  
**CITY-ST-ZIP** WINTER PARK, FL 32793

**TITLE** D  
**NAME** CALO, DIANE M  
**STREET ADDRESS** PO BOX 4833  
**CITY-ST-ZIP** WINTER PARK, FL 32793

**TITLE** D  
**NAME** SANCHEZ, GONZALO  
**STREET ADDRESS** 3003 OAK PARKWAY #101  
**CITY-ST-ZIP** ORLANDO, FL 32822

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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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)(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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Date**

**Daytime Phone #**

*Mildred Zapata*  
5/31/04 (407)298-1040