

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 05, 2006 8:00 am**  
**Secretary of State**

04-05-2006 90130 004 \*\*\*\*61.25

**DOCUMENT # N01000008151**

1. Entity Name  
**PROYECTO PAZ Y AMOR, INC.**



Principal Place of Business  
**2861 LEONARD DR  
F109  
AVENTURA, FL 33160**

Mailing Address  
**P.O. BOX 5038  
HIALEAH, FL 33014**

**40043523**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03092006 Chg-NP CR2E037 (11/05)

4. FEI Number  
**42-1529791**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**GARCIA, NELSA  
2861 LEONARD DR F109  
AVENTURA, FL 33160**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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, 2006**

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 DP ☐ Delete  
NAME GARCIA, NELSA  
STREET ADDRESS 2861 LEONARD DR F109  
CITY-ST-ZIP AVENTURA, FL 33160

TITLE DVP ☐ Delete  
NAME ZAGALES, SYLVIA M  
STREET ADDRESS 2861 LEONARD DR F109  
CITY-ST-ZIP AVENTURA, FL 33160

TITLE DT ☐ Delete  
NAME CABRERA, NAOLYS  
STREET ADDRESS 2485 WEST 76 ST. SUITE #209  
CITY-ST-ZIP HIALEAH, FL 33014

TITLE DS ☐ Delete  
NAME AULET, ARMANDO  
STREET ADDRESS 2485 W. 76TH ST, STE 209  
CITY-ST-ZIP HIALEAH, FL 33016

TITLE D ☐ Delete  
NAME LINARES, FREDDY  
STREET ADDRESS LAS BEGONIAS #254  
CITY-ST-ZIP VILLA JARDIN-LIMA-PERU,

TITLE D ☐ Delete  
NAME GONZALEZ, ORLANDO  
STREET ADDRESS 2485 WEST 76 ST. SUITE #209  
CITY-ST-ZIP HIALEAH, FL 33014

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☒ Addition  
NAME **DROSANNA MILIAN**  
STREET ADDRESS **2861 Leonard DR. F-109**  
CITY-ST-ZIP **AVENTURA FL 33160**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Nelsa Garcia* (PRESIDENT) 4/01/06 305-821-3131