

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2006 8:00 am
Secretary of State

03-30-2006 90028 044 ****61.25

DOCUMENT # N01000008475

1. Entity Name
CANTAROS DE BENDICION, INC.



Principal Place of Business
**200 NW 18 STREET
POMPAÑO BEACH, FL 33060 US**

Mailing Address
**POST OFFICE BOX 51535
LIGHTHOUSE POINT, FL 33064 US**

50007231



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03222006 Chg-NP CR2E037 (11/05)

City & State

City & State

4. FEI Number
65-1154085

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GARMAN, GUY
3801 S OCEAN DRIVE 4Z
HOLLYWOOD, FL 33019**

Name **RANDALL H. REED**
Street Address (P.O. Box Number is Not Acceptable)
6751 N. FEDERAL HWY #201
City **BOCA RATON** FL Zip Code **33487**

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]

RANDALL H. REED, CPA

3/27/06

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME **MORALES, DOMINGO D** ☐ Delete
STREET ADDRESS **POST OFFICE BOX 51535**
CITY-ST-ZIP **LIGHTHOUSE POINT, FL 33064**

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

TITLE S ☒ Delete
NAME **KEITER, JOEL L**
STREET ADDRESS **2321 NE 7TH STREET**
CITY-ST-ZIP **POMPAÑO BEACH, FL 33062**

TITLE S ☒ Change ☐ Addition
NAME **Jesus Cruz**
STREET ADDRESS **13250 SW 26th Street**
CITY-ST-ZIP **Homestead, FL 33032**

TITLE TD ☐ Delete
NAME **WORDEN, DONALD**
STREET ADDRESS **2131 NE 33RD STREET**
CITY-ST-ZIP **LIGHTHOUSE POINT, FL 33064**

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

TITLE VPD ☐ Delete
NAME **ARMENTEROS, CARLOS M**
STREET ADDRESS **13155 SW 232 STREET**
CITY-ST-ZIP **MIAMI, FL 33170**

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

TITLE D ☐ Delete
NAME **STABLEY, RUSSELL**
STREET ADDRESS **5821 NE 20TH TERR**
CITY-ST-ZIP **FORTLAUDERDALE, US 33308**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/27/06

Date

Daytime Phone #