

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2005 8:00 am
Secretary of State

02-07-2005 90067 028 ***150.00

66005286



03092005 Chg-NP CR2E037 (10/03)

4. FEI Number
02-0629468

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent:

ESCALONA, MARTA
1019 SW 13TH ST. *111 SW 67th Ave*
MIAMI, FL 33129 *MIAMI FL 33144*

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, 2005**

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 PD ☐ Delete
NAME ESCALONA, MARTA
STREET ADDRESS 868 SW 1ST STREET
CITY-ST-ZIP MIAMI, FL 33130

TITLE VPD ☒ Delete
NAME BOLTRAN, LUIS
STREET ADDRESS 868 SW 1ST STREET
CITY-ST-ZIP MIAMI, FL 33130

TITLE S ☒ Delete
NAME SAGO, ODELAISIS
STREET ADDRESS 868 SW 1ST STREET
CITY-ST-ZIP MIAMI, FL 33130

TITLE M ☒ Delete
NAME FRAISER, EUTALA
STREET ADDRESS 868 SW 1ST STREET
CITY-ST-ZIP MIAMI, FL 33130

TITLE M ☒ Delete
NAME JIMENO, ADAN
STREET ADDRESS 868 SW 1ST STREET
CITY-ST-ZIP MIAMI, FL 33130

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☒ Change ☐ Addition
NAME *Marta Escalona*
STREET ADDRESS *111 SW 67th Ave*
CITY-ST-ZIP *MIAMI FL 33144*

TITLE VPD ☐ Change ☒ Addition
NAME *Erick Martinez*
STREET ADDRESS *8615 NW 8th St #304*
CITY-ST-ZIP *MIAMI FL 33126*

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

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

TITLE ☐ Change ☐ Addition
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 exemption stated in Section 119.07(3)(f), 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 #

3/9/05