

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

DOCUMENT # N02000000213

1. Entity Name
MARIANAO SOCIAL CLUB INC.



Principal Place of Business
**1772 N.W. 19 ST.
MIAMI, FL 33125**

Mailing Address
**1772 N.W. 19 ST.
MIAMI, FL 33125**

**FILED
Apr 15, 2004 08:00 AM
Secretary of State**



03132004 No Chg-NP CR2E037 (10/03)

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4. FEI Number 04-3596292-	Applied For Not Applicable
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5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**VILLAVICENCIO, MIGUEL
1772 N.W. 19 ST.
MIAMI, FL 33125**

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25
Due by May 1, 2004

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

000000114514
04/15/04 00053 011 70.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VILLAVICENCIO, MIGUEL 1772 N.W. 19 ST. MIAMI, FL 33125
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CLARKE, BEATRIZ 1772 N.W. 19 ST. MIAMI, FL 33125
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BLANCO, SILVIA 6858 SW 22 ST MIAMI, FL 33155
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)(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: *Miguel Villavicencio* **4-12-04** **305 324-7044**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #