

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2005 8:00 am
Secretary of State

01-10-2005 90043 002 ****70.00

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01052005 Chg-NP CR2E037 (10/03)

4. FEI Number
51-0458906 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

MELENDEZ, STAVROULA
2441 N.W. 93RD AVENUE #109B
MIAMI, FL 33172

7. Name and Address of New Registered Agent

Name
Mendez, STAVROULA
Street Address (P.O. Box Number is Not Acceptable)
315-86th Street, #3
City MIAMI Beach FL Zip Code 33141

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	<input type="checkbox"/> Delete
NAME	MELENDEZ, STAVROULA	
STREET ADDRESS	2441 N.W. 93RD AVENUE #109B	
CITY-ST-ZIP	MIAMI, FL 33172	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MELENDEZ, LUIS	
STREET ADDRESS	2441 N.W. 93RD AVENUE #109B	
CITY-ST-ZIP	MIAMI, FL 33172	
TITLE	TD	<input type="checkbox"/> Delete
NAME	RIVERA, MAGALIS C	
STREET ADDRESS	2441 N.W. 93RD AVENUE #109B	
CITY-ST-ZIP	MIAMI, FL 33172	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MELENDEZ, STAVROULA	
STREET ADDRESS	315-86TH St. #3	
CITY-ST-ZIP	MIAMI Beach, FL 33141	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MELENDEZ, LUIS	
STREET ADDRESS	315-86TH St. #3	
CITY-ST-ZIP	MIAMI BEACH, FL 33141	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RIVERA, MAGALIS	
STREET ADDRESS	315-86TH Street, #3	
CITY-ST-ZIP	MIAMI BEACH, FL 33141	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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)(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: Stavroula Mendez STAVROULA MENDEZ, 01-06-05 718-3515
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #