


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 20, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N02000001157</b>	
1. Entity Name <b>ALIANZA FRATERNAL JOSE MARTI, INC</b>	

Principal Place of Business <b>444 SW 64 CT MIAMI, FL 33144</b>	Mailing Address <b>444 SW 64 CT MIAMI, FL 33144</b>
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DO NOT WRITE IN THIS SPACE



04092004 No Chg-NP CR2E037 (10/03)

4. FEI Number <b>01-0602080</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  <b>QUIROS, MIRIAM E 444 SW 64 CT MIAMI, FL 33144</b>
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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<b>Filing Fee is \$61.25 Due by May 1, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD ABRUE, MARIA LUISA 4610 NW 7TH ST MIAMI, FL 33126
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD QUIROS, MIRIAM E 444 SW 64TH CT MIAMI, FL 33144
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD QUIRO LASO, MIRIAM F 444 SW 64 CT MIAMI, FL 33144
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ARTEAGA, GARDENIA 6825 W FLAGLER ST MIAMI, FL 33144
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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04/20/04-80054-004 70.00

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 another like empowered.

<b>SIGNATURE:</b> <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<b>4/6/04 305-2620770</b> <small>Daytime Phone #</small>
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