

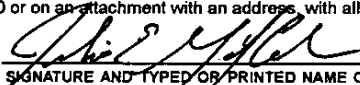
2005

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 13, 2005 8:00 am
Secretary of State

04-13-2005 90055 023 ****61.25

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DOCUMENT # N02000001590			
1. Entity Name			
Concilio Interfraternitario Puertorriqueño de la Florida, Inc.			
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business		3. Mailing Address	
7300 N.W. 19th St.		7300 N.W. 19th St.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
Suite 101		Suite 101	
City & State		City & State	
Miami, FL		Miami, FL	
Zip	Country	Zip	Country
33126-1222	USA	33126-1222	USA
DO NOT WRITE IN THIS SPACE		DO NOT WRITE IN THIS SPACE	
		4. FEI Number	
		01-0626439	
		Applied For	
		<input type="checkbox"/> Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
DO NOT WRITE IN THIS SPACE		7. Name and Address of Current Registered Agent	
		Name	
		del Valle, Manuel R.	
		Street Address (P.O. Box Number is Not Acceptable)	
		7300 N.W. 19th St.	
		Suite 101	
		City	Zip Code
		Miami	FL 33126-1222
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			
FEE IS \$81.25 Initial or Amended UBR		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			
TITLE	D/P	TITLE	
NAME	Gonzalez-Carlo, Julio E.	NAME	
STREET ADDRESS	7931 S.W. 147th Ct.	STREET ADDRESS	
CITY - ST - ZIP	Miami, FL 33193	CITY - ST - ZIP	
TITLE	D/VP	TITLE	
NAME	Emmanuelli, Eduardo	NAME	
STREET ADDRESS	8002 S.W. 133rd Pl.	STREET ADDRESS	
CITY - ST - ZIP	Miami, FL 33183	CITY - ST - ZIP	
TITLE	D/S	TITLE	
NAME	Rodriguez-Butler, Julio	NAME	
STREET ADDRESS	8900 S.W. 150th Ct. Cir. W.	STREET ADDRESS	
CITY - ST - ZIP	Miami, FL 33196	CITY - ST - ZIP	
TITLE	D/T	TITLE	
NAME	Pascual, Michel	NAME	
STREET ADDRESS	6712 S.W. 148th Ave..	STREET ADDRESS	
CITY - ST - ZIP	Miami, FL 33193	CITY - ST - ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
DO NOT WRITE 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)(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 on an attachment with an address, with all other like empowered.			
SIGNATURE: 		Julio E. Gonzalez-Carlo 4/9/05 305-477-6116	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

CR2E037B (12/02)