
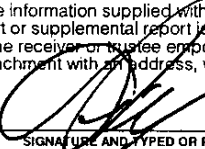


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 04, 2005 8:00 am
Secretary of State

03-04-2005 90082 009 ****61.25

DOCUMENT # N02000002106					
1. Entity Name CABALLEROS CATOLICOS INMACULADA CONCEPCION, INC.					
Principal Place of Business 4497 WEST 1ST AVE. HIALEAH FL 33012			Mailing Address C/O VIRGILIO PONS 174 E. 52 PLACE HIALEAH FL 33013		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 01-0702022	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
DIAZ, GILBERTO JR 7933 N.W. 198TH STREET MIAMI FL 33015				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					
FILE NOW: FEE IS \$61.25 Due By May 1, 2005			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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PEREZ, RAIMUNDO 6090 W. 18 AVE. #33012 HIALEAH FL 33012 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	GILBERTO DIAZ JR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 7933 NW 198 ST MIAMI FL 33015		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DIAZ, JR, GILBERTO 7933 N.W. 198 STREET MIAMI FL 33015 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	RAIMUNDO PEREZ <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6090 W 18 AVE HIALEAH FL 33012		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD TORRECILLA, OSCAR 1000 E. 6TH COURT HIALEAH FL 33012 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PEDRO A. CARNERO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1455 W. 75 ST HIALEAH, FL 33014		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVD CARNERD, PEDRO 1455 W. 75 ST HIALEAH FL 33014 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PEDRO RODRIGUEZ <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 491 W 31ST HIALEAH FL 33012		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CUERVO, CARLOS 14727 N.W. 88TH COURT MIAMI FL 33018 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD GONZALEZ, OSCAR 230 E. 60TH STREET HIALEAH FL 33013 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: 		RAIMUNDO PEREZ VICE-PRESIDENT		2-24-2005 305-826-1446	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	