

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 22, 2004 08:00 AM
Secretary of State

DOCUMENT # N02000003355	
1. Entity Name FUNDACION MANOS SOBRE NICARAGUA INC.	

Principal Place of Business 14464 SW 138 PL MIAMI, FL 33186	Mailing Address 14464 SW 138 PL MIAMI, FL 33186
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07082004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 04-3657538	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

HUECK, GLORIA
14464 SW 138 PL
MIAMI, FL 33186

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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 _____ (Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)) **DATE** _____

Filing Fee is \$61.25 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE PD	NAME HUECK, GLORIA
STREET ADDRESS 14464 SW 138 PL	CITY-ST-ZIP MIAMI, FL 33186
TITLE VD	NAME PORTA, ZENOBIA
STREET ADDRESS 14464 SW 138 PL	CITY-ST-ZIP MIAMI, FL 33186
TITLE VD	NAME JIMENEZ, FRANCISCO
STREET ADDRESS 14464 SW 138 PL	CITY-ST-ZIP MIAMI, FL 33186
TITLE VD	NAME LACAYO, VILMA
STREET ADDRESS 14464 SW 138 PL	CITY-ST-ZIP MIAMI, FL 33186
TITLE NAME	STREET ADDRESS CITY-ST-ZIP
TITLE NAME	STREET ADDRESS CITY-ST-ZIP

U00000157836
07/22/04-80011-009 61.25

U00000157836
07/22/04-80011-010 8.75

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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: *Gloria de Hueck* **7/10/04** **305-256-1545**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #