

**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 26, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # N02000005101**

1. Entity Name  
**LATIN AMERICAN CLUB OF SW FLORIDA, INC.**



Principal Place of Business  
**5205 SW 3RD AVE.  
CAPE CORAL, FL 33914**

Mailing Address  
**5205 SW 3RD AVE.  
CAPE CORAL, FL 33914**



04202005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**50-0004966**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**KING, HECTOR  
5205 SW 3RD AVE.  
CAPE CORAL, FL 33914**

**DO NOT WRITE  
IN THIS SPACE**

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

**4-19-05**

**Filing Fee is \$61.25  
Due by May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	PD
NAME	KING, HECTOR
STREET ADDRESS	5205 SW 3RD AVE.
CITY-ST-ZIP	CAPE CORAL, FL 33914
TITLE	PD
NAME	GONZALO, NELSON
STREET ADDRESS	4719 SE 6TH AVE.
CITY-ST-ZIP	CAPE CORAL, FL 33904
TITLE	SD
NAME	CAMPOS, RHINA
STREET ADDRESS	5205 SW 3RD AVE.
CITY-ST-ZIP	CAPE CORAL, FL 33914
TITLE	TD
NAME	CAMPOS, KARLA
STREET ADDRESS	5205 SW 3RD AVE.
CITY-ST-ZIP	CAPE CORAL, FL 33914
TITLE	TD
NAME	LLANIO, SERVANDO
STREET ADDRESS	1325 SE 47TH ST., UNIT G
CITY-ST-ZIP	CAPE CORAL, FL 33904
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

UN00001332685  
04/26/05-80067-011 61.25

**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)(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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Hector King**

**4-19-05**

Date

Daytime Phone #