

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 28, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # N02000005183**

1. Entity Name  
**ASOCIACION MARIA SANTIFICADORA INC.**



Principal Place of Business

**8900 S.W. 102 CT.  
MIAMI, FL 33176 US**

Mailing Address

**8900 S.W. 102 CT.  
MIAMI, FL 33176 US**



03072006 No Chg-NP

CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**04-3702034**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**ALVAREZ, VIVIAN D  
1985 NW 88 CT, STE 201  
MIAMI, FL 33172**

**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 reappointing)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**000000540408  
05/10/06-80017-001 61.25**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	DE GOMEZ, GLORIA N
STREET ADDRESS	CARRERA 36 NO. 104-90
CITY- ST- ZIP	BOGOTA, D.C., COLOMBIA.
TITLE	D
NAME	DE IZQUIERDO, EMMA J
STREET ADDRESS	CARRERA 36 NO. 104-90
CITY- ST- ZIP	BOGOTA, D.C., COLOMBIA.
TITLE	D
NAME	ROJAS GALVIS, JUAN C
STREET ADDRESS	CARRERA 36 NO. 104-90
CITY- ST- ZIP	BOGOTA, D.C., COLOMBIA.
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

**4-26-2006**

Date

**305 595-1232**

Daytime Phone #