

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT



**FILED**  
**Jan 22, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # N02000005218**  
1. Entity Name  
**WORKER'S UNION FOR CUBAN CHILDREN, INC.**

Principal Place of Business  
**7103 SW 112TH PLACE  
MIAMI, FL 33173**

Mailing Address  
**15335 SW 57 ST  
MIAMI, FL 33193**



01132005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**55-0805614**

Applied For  
Not Applicable

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

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

**SANTROCK, HILDA  
7103 SW 112TH PLACE  
MIAMI, FL 33173**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**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 NAME STREET ADDRESS CITY-ST-ZIP	DP SANTROCK, HILDA 7103 SW 112TH PLACE MIAMI, FL 33173
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV OSORIA, ANDRES 15335 SW 57 ST. MIAMI, FL 33193
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS GARCIA, ANA 7103 SW 112TH PLACE MIAMI, FL 33173
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01/24/05-80168-007 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)(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:** \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_