

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 01, 2005 08:00 AM
Secretary of State

DOCUMENT # N02000006242	
1. Entity Name AGRUPACION CIVICA MARIELENA, INC.	



Principal Place of Business 588 SOUTH DR. MIAMI SPRING, FL 33166	Mailing Address 588 SOUTH DR. MIAMI SPRING, FL 33166
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02072005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE	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 ACOSTA, INES 588 SOUTH DRIVE MIAMI SPRING, FL 33166
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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 <u>Mercedes Leira Mercedes Leira</u> <small>Signature, typed or printed name of registered agent and title if applicable</small>	<u>3/30/05</u> <small>DATE</small>

Filing 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	1000000284119 04/01/05-80053-012 61.25
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ACOSTA, INES 588 SOUTH DRIVE MIAMI SPRING, FL 33166
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PORTALES, LOURDES 6701 116 CT. #410 MIAMI, FL 33173
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LEIRA, MERCEDES 13961 SE 72 TERRACE MIAMI, FL 33183
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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)(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: <u>Mercedes Leira Mercedes Leira</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<u>3/30/05</u> <u>305-387-4473</u> <small>Date Daytime Phone #</small>