


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2004 8:00 am
Secretary of State

03-19-2004 90060 047 ****61.25

DOCUMENT # N02000006569 1. Entity Name JUAN GUZMAN FOUNDATION, INC.					
Principal Place of Business 7100 N.W. 12TH STREET SUITE 108 MIAMI, FL 33126			Mailing Address 7100 N.W. 12TH STREET SUITE 108 MIAMI, FL 33126		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
				Country	
4. FEI Number 05-0530458				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GUZMAN, JUAN ANDRES 7100 N.W. 12TH STREET SUITE 108 MIAMI, FL 33126				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PSD <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GUZMAN, JUAN ANDRES			NAME	Felicita Jaime
STREET ADDRESS	7100 N.W. 12TH STREET			STREET ADDRESS	Martinez
CITY-ST-ZIP	MIAMI, FL 33126			CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ENCARNACION, JOSE A			NAME	
STREET ADDRESS	3720-99TH ST., APT. E-3			STREET ADDRESS	
CITY-ST-ZIP	CORONA, NY 11368			CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALCANTARA, ANGEL			NAME	
STREET ADDRESS	8586 N.W. 2ND ST.			STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33126			CITY-ST-ZIP	
TITLE	SD <input checked="" type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUZMAN, NANCY			NAME	
STREET ADDRESS	7100 NW 12 STREET			STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33126			CITY-ST-ZIP	
TITLE	TD <input checked="" type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUZMAN, RAUL			NAME	
STREET ADDRESS	7100 NW 12 STREET			STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33126			CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUZMAN, DANIEL E			NAME	
STREET ADDRESS	7100 NW 12 ST.			STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33126			CITY-ST-ZIP	
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date 3/15/04 Daytime Phone # 305-994-7818	