

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

FILED
Aug 16, 2005 8:00 am
Secretary of State

08-16-2005 90039 025 ****61.25

DOCUMENT # N02000006859

1. Entity Name
CENTRO DE FE Y ESPERANZA INT'L, INC.



Principal Place of Business

**14544 SW 174 TERR
MIAMI, FL 33177**

Mailing Address

**14544 SW 174 TERR
MIAMI, FL 33177**

50061826



08102005 No Chg-NP CR2E037 (10/03)

4. FEI Number
11-3652893

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**CASTANEDA, MODESTO PASTOR
14544 SW 174 TERR
MIAMI, FL 33177**

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 _____

**Filing Fee is \$61.25
Due by September 7, 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	D CASTANEDA, MODESTO PASTOR 14544 SW 174 TERR MIAMI, FL 33177
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CASTANEDA, JHONATAN S 14544 SW 174 TERR MIAMI, FL 33177
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PARRA, NIDIA N 14544 SW 174 TERR MIAMI, FL 33177
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS 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: Modesto Castaneda 08-10-05 305 794 8917
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #