

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

FILED
Apr 10, 2006 08:00 AM
Secretary of State

DOCUMENT # N02000007272

1. Entity Name

PUERTO RICAN CAUCUS OF FLORIDA, INC.



Principal Place of Business

17905 CACHET ISLE
TAMPA, FL 33647

Mailing Address

17905 CACHET ISLE
TAMPA, FL 33647



04042006 No Chg-NP

CR2ED37 (11/05)

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4. FEI Number
NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional
Fees Required**

6. Name and Address of Current Registered Agent

RAMOS, JOSE S
17905 CACHET ISLE
TAMPA, FL 33647

**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 reinstating)

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

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	SUAREZ, ANTHONY
STREET ADDRESS	517 W COLONIAL DR
CITY-ST-ZIP	ORLANDO, FL 32804
TITLE	DV
NAME	FREYTES, DENNIS
STREET ADDRESS	3369 AMACA CIR
CITY-ST-ZIP	ORLANDO, FL 32837
TITLE	DV
NAME	CINTRON, ANGEL E
STREET ADDRESS	306 E BULLARD PK
CITY-ST-ZIP	TAMPA, FL
TITLE	DS
NAME	ROSA, LUIS D
STREET ADDRESS	306 E BELLARD PKWY
CITY-ST-ZIP	TAMPA, FL 33617
TITLE	DT
NAME	RAMOS, JOSE S
STREET ADDRESS	306 E BELLARD PKWY
CITY-ST-ZIP	TAMPA, FL 33617
TITLE	DV
NAME	ROSS, MICHAEL
STREET ADDRESS	306 E BELLARD PKWY
CITY-ST-ZIP	TAMPA, FL 33617

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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

DATE

Day/Time Phone #