

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N02000008297

1. Entity Name  
FUNDACION SENDEROVERDE, INC.



Principal Place of Business  
P.O. BOX 347872  
CORAL GABLES, FL 33134

Mailing Address  
P.O. BOX 347872  
CORAL GABLES, FL 33134

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
04 MAR 26 PM 2:48



03252004 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>05-0537733</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

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

POLO, ORLANDO L  
141 PONCE DE LEON BLVD.  
CORAL GABLES, FL 33134

**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity certifies 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

03-25-04

**Filing Fee is \$61.25  
Due by May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	PD
NAME	POLO, ORLANDO L
STREET ADDRESS	P.O. BOX 347872
CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	VD
NAME	PAEZ-POLO, MERCEDES
STREET ADDRESS	P.O. BOX 347872
CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	D
NAME	MACHADO, LILY
STREET ADDRESS	P.O. BOX 347872
CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	D
NAME	FERNANDEZ, MANNY
STREET ADDRESS	P.O. BOX 347872
CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	D
NAME	SUAREZ, PEDRO
STREET ADDRESS	P.O. BOX 347872
CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

900031805949  
04/05/04--01011--010 \*\*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 or without other like empowerment.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-25-04

Date

Daytime Phone #