

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 12, 2004 8:00 am**  
**Secretary of State**

03-12-2004 90002 041 \*\*\*\*70.00

**DOCUMENT # N02000008644**

1. Entity Name

THREE ROUND TOWERS RESIDENT COUNCIL, INC.



Principal Place of Business

2940 N.W. 18 AVE., APT. 1A  
MIAMI FL 33142

Mailing Address

2940 N.W. 18 AVE., APT. 1A  
MIAMI FL 33142

04017039



MOORE CR2E037 (11/03)

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

30-0148478

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RODRIGUEZ, MIRIAM  
2940 N.W. 18 AVE., APT. 1A  
MIAMI FL 33142

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

|                |                            |                                            |
|----------------|----------------------------|--------------------------------------------|
| TITLE          | PD                         | <input type="checkbox"/> Delete            |
| NAME           | RODRIGUEZ, MIRIAM          |                                            |
| STREET ADDRESS | 2940 N.W. 18 AVE., APT. 1A |                                            |
| CITY-ST-ZIP    | MIAMI FL 33142             |                                            |
| TITLE          | VD                         | <input checked="" type="checkbox"/> Delete |
| NAME           | DOTRES, ESTRELLA           |                                            |
| STREET ADDRESS | 2940 N.W. 18 AVE., APT. 1A |                                            |
| CITY-ST-ZIP    | MIAMI FL 33142             |                                            |
| TITLE          | TD                         | <input type="checkbox"/> Delete            |
| NAME           | CAPOTE, JOSE               |                                            |
| STREET ADDRESS | 2940 N.W. 18 AVE., APT. 1A |                                            |
| CITY-ST-ZIP    | MIAMI FL 33142             |                                            |
| TITLE          | SD                         | <input type="checkbox"/> Delete            |
| NAME           | ARA, ORLANDO               |                                            |
| STREET ADDRESS | 2940 N.W. 18 AVE., APT. 1A |                                            |
| CITY-ST-ZIP    | MIAMI FL 33142             |                                            |
| TITLE          | V                          | <input type="checkbox"/> Delete            |
| NAME           | GUERRA, LEANDRO            |                                            |
| STREET ADDRESS | 2940 NW 18 AVE. #1-A       |                                            |
| CITY-ST-ZIP    | MIAMI FL 33142             |                                            |
| TITLE          |                            | <input type="checkbox"/> Delete            |
| NAME           |                            |                                            |
| STREET ADDRESS |                            |                                            |
| CITY-ST-ZIP    |                            |                                            |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                |                              |                                                                              |
|----------------|------------------------------|------------------------------------------------------------------------------|
| TITLE          |                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                              |                                                                              |
| STREET ADDRESS |                              |                                                                              |
| CITY-ST-ZIP    |                              |                                                                              |
| TITLE          | SILVIA CABRERA               | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | 2940 N.W. 18 AVE. #2H (Home) |                                                                              |
| STREET ADDRESS | MIAMI - FL 33142             |                                                                              |
| CITY-ST-ZIP    |                              |                                                                              |
| TITLE          |                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                              |                                                                              |
| STREET ADDRESS |                              |                                                                              |
| CITY-ST-ZIP    |                              |                                                                              |
| TITLE          |                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                              |                                                                              |
| STREET ADDRESS |                              |                                                                              |
| CITY-ST-ZIP    |                              |                                                                              |
| TITLE          |                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 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:

*Miriam Rodriguez*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(305) 638-6306