

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

FILED
May 02, 2005 08:00 AM
Secretary of State

DOCUMENT # N02000009167

1. Entity Name
ASOCIACION DE ANTIGUOS SCOUTS Y GUIAS DE CUBA, INC.



Principal Place of Business
50 NW 51 PL
MIAMI, FL 33126

Mailing Address
P.O. BOX 126425
HIALEAH, FL 33012

DO NOT WRITE IN THIS SPACE



04292005 No Chg-NP CR2E037 (10/03)

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

6. Name and Address of Current Registered Agent

FARFAN
FARFAN, ERNESTO
5895 W 16 AVE #201
HIALEAH, FL 33021

**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, 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 ESPINOSA, JUSTO 4033 NW 11 ST #8 MIAMI, FL 33126
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD GARCIA REGIO, SALVADOR 101 SW 62 AVE MIAMI, FL 33144
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD FARFAN, ERNESTO 5895 16 AVE #201 HIALEAH, FL 33012
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD FLORES, MANUEL E 2333 BRICKEL AVE #2610 MIAMI, FL 33129
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

U00000358399
05/04/05-80112-024 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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Manuel E. Flores 5/29/05 (305) 799-2001