


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 24, 2006 8:00 am**  
**Secretary of State**

06-20-2006 90015 001 \*\*\*\*61.25

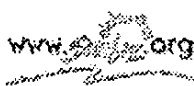
06-20-2006 90015 002 \*\*\*\*61.25

<b>DOCUMENT # N02000009167</b>					
1. Entity Name <b>ASOCIACION DE ANTIGUOS SCOUTS Y GUIAS DE CUBA, INC.</b>					
Principal Place of Business <b>50 NW 51 PL MIAMI, FL 33126</b>			Mailing Address <b>P.O. BOX 126425 HIALEAH, FL 33012</b>		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number <b>NOT APPLICABLE</b>	
				Applied For <b>Not Applicable</b>	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>FARFAN, ERNESTO 5895 W 16 AVE #201 HIALEAH, FL 33021</b>				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				<b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-electing)</small>					
DATE _____					
<b>Filing Fee is \$61.25 Due by September 6, 2006</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
			Make check payable to-- <b>Florida Department of State</b>		
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ESPINOSA, JUSTO		NAME		
STREET ADDRESS	4033 NW 11 ST #8		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33126		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GARCIA REGIO, SALVADOR		NAME		
STREET ADDRESS	101 SW 62 AVE		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33144		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FARFAN, ERNESTO		NAME		
STREET ADDRESS	5895 W 16 AVE #201		STREET ADDRESS		
CITY-ST-ZIP	HIALEAH, FL 33012		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FLORES, MANUEL E		NAME		
STREET ADDRESS	2333 BRICKEL AVE #2610		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33129		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <u>Justo C. Espinosa</u> <b>Dr. Justo C. Espinosa</b> 07/18/06 305-5419692					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date</small>					
<small>Daytime Phone #</small>					

66022173



05162006 Chg-NP CR2E037 (4/06)



**ATTACHMENT**  
**Division of Corporations** 66022173

**Annual Report**[Annual Report Help](#)

Document Number

N0200009167

Business Entity Name

**ASOCIACION DE ANTIGUOS SCOUTS Y GUIAS DE CUBA, INC.**

FEI Number

FEI Number Status

☐ Listed Above ☐ Applied For ☒ Not Applicable

Certificate of Status Desired

☐ Yes ☒ No \$8.75 eachElection Campaign Financing Trust Fund Contribution ☐ Yes ☒ No**Principal Place of Business**

Address

50 NW 51 PL

Suite, Apt. #, etc.

City, State

MIAMI

FL

Zip Code &amp; Country

33126

**Mailing Address**

Address

P.O. BOX 126425

Suite, Apt. #, etc.

City, State

HIALEAH

FL

Zip Code &amp; Country

33012

**Name and Address of Registered Agent**

Name (Last, First, Middle, Title)

FARFAN

ERNESTO

**- OR -**

Business to serve as RA

Address (PO Box is not acceptable)

5895 W 16 AVE #201

Suite, Apt. #, etc.

City, State

HIALEAH

FL

Zip Code &amp; Country

33021

US

If there is a change in registered agent, the new agent will need to type their name in the 'Registered Agent Signature' block below to accept the designation of registered agent. RA signature must be an individual name. If the RA is a business

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entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

**Registered Agent Signature**

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under s.831.06, Florida Statutes.

**Officer/Director Name and Address**

Our database can hold up to 6 officers/directors. If more than 6 officers/directors need to be made a part of the record, you cannot file the annual report online. You will need to download an annual report and list the additional officers/directors, title(s), name, and address on an attachment.

Title	D
Name (Last, First, Middle, Title)	ESPINOSA, JUSTO, , ,
- OR -	
Entity Name to serve as Officer/Director	
Street Address	4033 NW 11 ST #8
City, State	MIAMI, FL
Zip Code & Country	33126
Title	SD
Name (Last, First, Middle, Title)	GARCAREGIO, SALVADOR, , ,
- OR -	
Entity Name to serve as Officer/Director	
Street Address	101 SW 62 AVE
City, State	MIAMI, FL
Zip Code & Country	33144
Title	TD
Name (Last, First, Middle, Title)	FARFAN, ERNESTO, , ,
- OR -	
Entity Name to serve as Officer/Director	
Street Address	5895 16 AVE #201
City, State	HIALEAH, FL
Zip Code & Country	33012
Title	PD

Name (Last, First, Middle, Title)

FLORES , MANUEL , E ,

- OR -

Entity Name to serve as  
Officer/Director

Street Address

2333 BRICKEL AVE #2610

City, State

MIAMI , FL

Zip Code & Country

33129

Title

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as  
Officer/Director

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as  
Officer/Director

Street Address

City, State

Zip Code & Country

An individual named above or an individual signing on behalf of an entity named above must type their name in the 'Officer/Director Signature' block below. A corporate name is not allowed in this block.

Title

D 

Officer/Director Signature J. ESPINOSA

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under s.831.06, Florida Statutes. The individual "signing" this document affirms that the facts stated herein are true.

Continue Reset