



# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90976 031 \*\*\*\*61.25

<b>DOCUMENT # N03000002054</b> 1. Entity Name <b>FRIENDS OF THE BIENVENIDA TAURINE DYNASTY, INC.</b>					
Principal Place of Business <b>150 ALHAMBRA CIRCLE STE 1270 CORAL GABLES, FL 33134</b>			Mailing Address <b>150 ALHAMBRA CIRCLE STE 1270 CORAL GABLES, FL 33134</b>		
2. Principal Place of Business <b>2121 SW 3rd AVE.</b>		3. Mailing Address <b>2121 SW 3rd AVE</b>		  04262005 Chg-NP CR2E037 (10/03)	
Suite, Apt. #, etc. <b>SUITE 100</b>		Suite, Apt. #, etc. <b>SUITE 100</b>			
City & State <b>MIAMI, FL</b>		City & State <b>MIAMI, FL</b>			
Zip <b>33129</b>		Zip <b>33129</b>			
Country <b>USA</b>		Country <b>USA</b>		4. FEI Number <b>NOT APPLICABLE</b>	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required		Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>EVANS, LAWRENCE S 150 ALHAMBRA CIRCLE STE 1270 CORAL GABLES, FL 33134</b>				7. Name and Address of New Registered Agent Name <b>LAWRENCE S. EVANS</b> Street Address (P.O. Box Number is Not Acceptable) <b>2121 SW 3rd AVE, SUITE 100</b> City <b>MIAMI</b> <b>FL</b> Zip Code <b>33129</b>	
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 <u>LAWRENCE S. EVANS</u> <span style="float: right;">4/26/05</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MORALES, JOSE A 1155 BRICKELL BAY DRIVE APT 603 MIAMI, FL 33131	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WISPEZ-ASIN, NESTOR 8013 NW 29TH STREET MIAMI, FL 33122	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MORALES-PANIAGUA, CARLOS V 1155 BRICKELL BAY DRIVE APT 603 MIAMI, FL 33131	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.					
<b>SIGNATURE:</b> <u>CARLOS V. MORALES-PANIAGUA</u> <span style="float: right;">4/26/05 (305) 533-1120</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					