

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000002585

FILED  
Feb 09, 2005  
Secretary of State

Entity Name: FUNDACION POR TI COLOMBIA CORP

## Current Principal Place of Business:

3851 NW 110 AV  
S  
CORAL SPRINGS, FL 33065 US

## New Principal Place of Business:

## Current Mailing Address:

3851 NW 110 AV  
S  
CORAL SPRINGS, FL 33065 US

## New Mailing Address:

FEI Number: 83-0351989      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

TORRES, GUSTAVO A  
3851 NW 110 AV  
S  
CORAL SPRINGS, FL 33065 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: TORRES, GUSTAVO A  
Address: 3851 NW 110 AVE.  
City-St-Zip: CORAL SPRINGS, FL 33065

Title: T/D ( ) Delete  
Name: TORRES, GLORIA L  
Address: 3851 NW 110 AV (S)  
City-St-Zip: CORAL SPRINGS, FL 33065 US

Title: S/D ( ) Delete  
Name: VIDAL, GLADYS  
Address: 5701 SW 34 TH AV  
City-St-Zip: OCALA, FL 34474 US

Title: D ( ) Delete  
Name: MACFARLAND, DEANA  
Address: 1246 NW 45 ST.  
City-St-Zip: DEERFIELD BEACH, FL 33064 US

Title: D ( ) Delete  
Name: TORRES, CARLOS A  
Address: 3967 CORAL SPRINGS DR>  
City-St-Zip: CORAL SPRINGS, FL 33065 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GUSTAVO A. TORRES

P

02/09/2005

Electronic Signature of Signing Officer or Director

Date