

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


**FILED**  
**Sep 20, 2004 8:00 am**  
**Secretary of State**

9/9/

09-09-2004 90013 049 \*\*\*\*61.25

**DOCUMENT # N03000007232**

1. Entity Name  
**SOR MARIA ROMERO FOUNDATION-ESTELI INC.**



Principal Place of Business      Mailing Address

**35 SW 65 AVE**      **35 SW 65 AVE**  
**MIAMI FL 33144**      **MIAMI FL 33144**

**66433887**



MOORE      CR2E037 (4/04)

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc. *Same*      Suite, Apt. #, etc. *Same*

City & State      City & State

4. FEI Number  
**56-2431629**

Applied For  
 Not Applicable

Zip      Country      Zip      Country

5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**DAVILA, LIZ L**  
**35 SW 65 AVE**  
**MIAMI FL 33144**

7. Name and Address of New Registered Agent

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
*Same*  
 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]*      DATE

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25**  
**Due By September 8, 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**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CUADRA, SOR 1000 NW 9 ST CIR #10 MIAMI FL 33172	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ABAUNZA, SANTIAGO P 3390 SW 107 AVE MIAMI FL 33165	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CUADRA, SOR H 3390 SW 107 AVE MIAMI FL 33165	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DAVILA, LIZ L 35 SW 65 AVE MIAMI FL 33144	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D URTECHO, ALBALOLA 221 W PARK DR #204 MIAMI FL 33172	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasury Sor Herlinda Cuadra 1000 NW 9 St. Cir. #10 Miami Fla 33172	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	hola Maria Morales Vice-Treasury 35 SW 65 AVE Mia- Fla 33144	<input type="checkbox"/> Change <input checked="" 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.

SIGNATURE: *[Signature]*      Date **9-01-04**      Daytime Phone # **305-261-9814**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR