2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGN

## May 04, 2005 8:00 am Secretary of State DOCUMENT # N03000007232 1. Entity Name 05-04-2005 90180 006 \*\*\*\*61.25 SOR MARIA ROMERO FOUNDATION-ESTELI INC. Mailing Address Principal Place of Business 35 SW 65 AVE MIAMI FL 33144 35 SW 65 AVE **MIAMI FL 33144** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite. Apt. #. etc. 1st MOORE CR2E037 (10/04) 4. FEI Number Applied For City & State City & State 56-2431629 Not Applicable Country Zip Country Zip. \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent DAVILA, LIZ L Street Address (P.O. Box Number is Not Acceptable) 35 SW 65 AVE **MIAMI FL 33144** City Zip Code 8. The above named entity submits his 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 age SIGNATURE DATE Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Florida Department of State Trust Fund Contribution. Added to Fees Due By May 1, 2005 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. ☐ Addition TITLE ☐ Change TITLE ☐ Delete CUADRA, SOR NAME NAME 1000 NW 9 ST CIR #10 STREET ADDRESS STREET ADDRESS MIAMI FL 33172 CITY-ST-ZIP CITY-ST-7IP PD ☐ Change ☐ Addition TITLE Delete TITLE ABAUNZA, SANTIAGO P NAME NAME 3390 SW 107 AVE STREET ADDRESS STREET ADDRESS MIAM! FL 33165 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAMF HERLINDA CUADRA, SOR NAME STREET ADDRESS 1000 NW 9 ST CIR # 10 STREET ADDRESS MIAMI FL 33172 CITY-ST-ZIP CITY-ST-7IP SD Defete TITLE Change Addition DAVILA, ŁIZ L NAME 35 SW 65 AVE STREET ADDRESS STREET ADDRESS MIAMI FL 33144 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Delete TITLE ☐ Addition URTECHO, ALBALOLA NAME 221 W PARK DR #204 STREET ADDRESS STREET ADDRESS MIAMI FL 33172 CITY-ST-7IP CITY-ST-ZIP Change ☐ Addition TITLE Delete TITLE MANA MORALES, LOLA MARIA NAME NAME 35 SW 65 AVE STREET ADDRESS STREET ADDRESS MIAMI FL 33144 CITY-ST-ZIP CITY-ST-ZIP 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 trule 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 of trustee impovered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if of the corporation or the receiver of trustee changed, or on an attachment with an add

**FILED**