2007 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)** 

of the corporation or the re changed, or on an attachi

SIGNATURE:

## Sep 07, 2007 8:00 am Secretary of State DOCUMENT # N03000007232 1. Entity Name 09-07-2007 90001 005 \*\*\*\*61.25 SOR MARIA ROMERO FOUNDATION-ESTELI INC. Principal Place of Business Mailing Address 35 SW 65 AVE MIAMI FL 33144 35 SW 65 AVE MIAMI FL 33144 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apr. #, etc. 2nd MOORE CR2E037 (4/07) City & State City & State 4. FEI Number Applied For 56-2431629 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DAVILA, LIZ L Street Address (P.O. Box Number is Not Acceptable) 35 SW 65 AVE **MIAMI FL 33144** Zip Code 8. The above named entity submi s 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 registrations SIGNATURE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Due By September 5, 2007 Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. V. President TITLE Change ☐ Delete Addition ABAUNZA, SANTIAGO P NAME NAME STREET ADDRESS 3390 SW 107 AVE STREET ADDRESS CITY-ST-ZIP MIAMI FL 33165 CITY-ST-ZIP President THUE ☐ Delete TITLE Addition DAVILA, LIZ L NAME NAME 35 SW 65 AVE STREET ADDRESS STREET ADDRESS MIAMI FL 33144 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Addition NAME NAME 2352 SW 124 th court STREET ADDRESS STREET ADDRESS CITY-ST-7IP Miam: Fla 33186 CITY-ST-ZIP TITLE ☐ Delete TITLE Addition 🗶 NAME Lilliam Orue Aboun 29 NAME 16161 SW 144 Terrace STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP ☐ Delete TITLE TITLE Change ■ Addition NAME NAME STREET ADDRESS STREE! ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information it 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 appyared to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if 12. I hereby certify that the information st boiled indicated on this report or s

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